

# CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

505.768.3289  
[www.filmABQ.com](http://www.filmABQ.com)

PERMIT #:

NEW APPLICATION

REVISED REQUEST

DATE OF APPLICATION:

PROJECT TITLE:	
PRODUCTION COMPANY:	
OFFICE ADDRESS:	
OFFICE NUMBER:	OFFICE FAX NUMBER:
LOCATION MANAGER:	CELL NUMBER:
ASSISTANT LOCATION MANAGER:	CELL NUMBER:

FILM LOCATION ADDRESS:	<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	BEGIN FILMING (DATE & TIME):
		END FILMING (DATE & TIME):
LOCATION OF BASECAMP (CANNOT BE ON STREETS):	BASECAMP MOVE IN (DAY, DATE & TIME):	
	BASECAMP MOVE OUT (DAY, DATE & TIME):	

(FILMING DATES/TIMES MUST REFLECT THE MOMENT PRODUCTION WILL ARRIVE AT THE FILMING LOCATION (I.E. SETUP BARRICADES) AND THE TIME THE LAST PRODUCTION VEHICLE LEAVES.)

PROVIDE A BRIEF DESCRIPTION OF THE SCENE BELOW
--

CATERER: _____	PHONE NUMBER: _____
CRAFT SERVICES: _____	PHONE NUMBER: _____

**\*\*YOU MUST ENSURE THAT BOTH ENTITIES CONTACT CABQ ENVIRONMENTAL HEALTH FOR PERMITS\*\* 768-2638**

**BARRICADES MAY ONLY BE UP DURING PERMITTED TIMES.**

ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	

**INTERMITTENT TRAFFIC CONTROL CANNOT EXCEED 5 MINUTES**

SPFX?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:

**IF YOU'RE BAGGING METERS DURING PREP WORK BE SURE TO MARK YOUR START DATE ACCORDINGLY**

BAGGING METERS? YES NO	IF SO, PROVIDE METER LOCATION/S:
START DATE AND TIME:	
END DATE AND TIME:	

NUMBER OF CAST & CREW AT LOCATION: \_\_\_\_\_

1 REQUESTED NUMBER OF APD CHIEF'S OVERTIME:  
NOTE APD TRAFFIC MAY REQUIRE MORE WHICH WILL  
SUPERSEDE YOUR REQUEST

DEPARTMENT SIGNATURES  
ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

PERMIT # \_\_\_\_\_

**DEPARTMENT OF MUNICIPAL DEVELOPMENT**

600 2ND ST NW, 8TH FLOOR ALBUQUERQUE, NM 87102 (505) 768-2223		CONSTRUCTION COORDINATOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
BARRICADE PERMIT:	N/A	REQUIRED	PERMIT FEE \$ <input type="text"/>
COMMENTS:			

**TRANSIT**

100 1ST SW, 2ND FLOOR ALBUQUERQUE, NM 87102 (505) 724-3177		ABQ RIDE OPERATIONS SUPERVISOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

**FILM OFFICE**

ONE CIVIC PLAZA NW, 11TH FLOOR ALBUQUERQUE, NM 87103 (505) 768-3289		FILM LIAISON	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

**PARKING DIVISION**

600 2ND ST NW, 5TH FLOOR ALBUQUERQUE, NM 87102 (505) 924-3950		PARKING DIVISION MANAGER	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

**OFFICE OF NEIGHBORHOOD COORDINATION**

PLAZA DEL SOL BUILDING 500 SECOND ST. NW, ROOM 440 ALBUQUERQUE, NM 87102 (505)924-3902			_____ ONC REPRESENTATIVE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

**FIRE MARSHAL**

724 SILVER SW ALBUQUERQUE, NM 87102 (505)764-6300			_____ FIRE MARSHAL'S OFFICE	_____ DATE		
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED		
EMERGENCY ACCESS LANE	<input type="checkbox"/>	N/A	<input type="checkbox"/>	REQUIRED		
FIRE HYDRANT ACCESS	<input type="checkbox"/>	N/A	<input type="checkbox"/>	REQUIRED		
SPECIAL COOKING ARRANGEMENTS	<input type="checkbox"/>	N/A	<input type="checkbox"/>	REQUIRED		
FIRE EXTINGUISHER'S NEEDED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
STANDBY EMERGENCY TEAM NEEDED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> RESCUE	<input type="checkbox"/> PUMPER
SPECIAL CONSIDERATIONS	<input type="checkbox"/>	ELDERLY	<input type="checkbox"/>	HANDICAP		

**SOLID WASTE**

4600 EDITH NE ALBUQUERQUE, NM 87107 (505)761-8144			_____ SOLID WASTE REPRESENTATIVE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

**ALBUQUERQUE POLICE DEPARTMENT**

NORTH VALLEY AREA 5408 2ND ST. NW 505-761-8800	NORTHEAST AREA 8201 OSUNA NE 505-823-4455	NORTHWEST AREA 4501 ELLISON NW 505-768-4850	_____ AREA COMMANDER, APD	_____ DATE
SOUTHWEST AREA 5404 LOS VOLCANES 505-831-4705	SOUTHEAST AREA 800 LOUISIANA SE 505-256-2050	FOOTHILLS 12800 LOMAS NE 505-332-5240	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
COMMENTS:				

**ALBUQUERQUE POLICE DEPARTMENT/ TRAFFIC**

TRAFFIC COMMANDER 7520 CORONA AVE., NE ALBUQUERQUE, NM 87112 (505)768-2380	_____ TRAFFIC COMMANDER, APD	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

**CHIEF'S OVERTIME**

400 ROMA NW ALBUQUERQUE, NM 87102 (505)768-2380	_____ CHIEF'S OVERTIME COORDINATOR	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

**ALBUQUERQUE POLICE DEPARTMENT, CHIEF'S OFFICE**

400 ROMA NW ALBUQUERQUE, NM 87102 (505)768-2380	_____ CHIEF OF POLICE/APD	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

**ENVIRONMENTAL HEALTH DEPARTMENT**

ONE CIVIC PLAZA, ROOM 3023  
ALBUQUERQUE, NM 87102  
(505)768-2632

\_\_\_\_\_  
EHD REPRESENTATIVE

\_\_\_\_\_  
DATE

APPROVED       DENIED

TEMPORARY FOOD ESTABLISHMENT       N/A       REQUIRED

NOISE PERMIT       N/A       REQUIRED

LIQUID WASTE       N/A       REQUIRED

GREASE CONTAINERS       N/A       REQUIRED

CHEMICAL TOILETS       N/A       REQUIRED

COMPANY NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

NUMBER OF FOOD / DRINK VENDORS / DISPENSERS AT THIS EVENT: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

