

# 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.**

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

**INTERMITTENT TRAFFIC CONTROL CANNOT EXCEED 5 MINUTES**

<b>SPFX?</b>	<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

