

CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

505.768.3289

www.filmABQ.com

PERMIT #:

DATE OF APPLICATION:

NEW APPLICATION

REVISED REQUEST

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

FILM LOCATION ADDRESS:	<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	BEGIN FILMING (DATE & TIME):
		END FILMING (DATE & TIME):
LOCATION OF BASECAMP(CANN OT 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 <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON _____	FROM _____	TO _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME	
ITC <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON _____	FROM _____	TO _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME	
ITC <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON _____	FROM _____	TO _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME	
ITC <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON _____	FROM _____	TO _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>	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

I _____ DO HEREBY DECLARE THAT THE ENCLOSED SCHEDULED FILMING WILL BE CONDUCTED IN ACCORDANCE WITH THE REQUIREMENTS AND RECOMMENDATIONS MADE BY THE FILM PERMIT COMMITTEE. I UNDERSTAND THAT VIOLATIONS OF ORDINANCES OR STATUTES WILL NOT BE ENCOURAGED OR PERMITTED. I ALSO UNDERSTAND THAT THIS PERMIT, IF APPROVED, MAY BE REVOKED BY ANY MEMBER OF THE FILM PERMIT COMMITTEE, ALBUQUERQUE POLICE DEPARTMENT, OR ALBUQUERQUE FIRE DEPARTMENT, IF, IN THEIR OWN OPINION, ANY OF THE FOLLOWING OCCUR: THE EVENT BECOMES A PUBLIC NUISANCE, VIOLATIONS OF STATUTES OR ORDINANCES ARE COMMITTED BY ANY PARTICIPANT, ANY OF THE RECOMMENDATIONS HEREIN REFERRED TO AS THE "FILM PERMIT" ARE NOT MET. I UNDERSTAND THAT ANY SIGNIFICANT CHANGES (DATE, TIME, LOGISTICS, LOCATION AND THE LIKE) TO THE FILMING AFTER THE DATE IT WAS REVIEWED BY THE FILM PERMIT COMMITTEE WILL REQUIRE THAT I RESUBMIT THE "FILM PERMIT" TO THE COMMITTEE MEMBERS AND/OR OBTAIN APPROVAL OF THE CHANGES FROM THE RESPECTIVE DEPARTMENTS.

ADDITIONALLY, I UNDERSTAND THAT THE CITY OF ALBUQUERQUE AND THE FILM PERMIT COMMITTEE, WILL NOT BE HELD RESPONSIBLE FOR CHANGES MADE BY THE EVENT ORGANIZER OR PARTICIPATING ENTITIES PRIOR TO OR DURING THE EVENT.

SIGNATURE OF APPLICANT

DATE

WE, THE UNDERSIGNED, HAVE BEEN ADVISED OF FILMING IN OUR AREA.

NAME

ADDRESS
