



TOWN OF ROCKPORT

Filming Permit Application

Name of Organization or Production Company: _____

Address: _____

Project Contact: _____

Telephone #: _____ Email Address: _____

Project Name: _____

Requested Location(s) of Filming: _____

Date(s) of Filming: _____ Times: From: _____ To: _____

Type of Film: _____

of Crew Members/Actors: _____ # of Vehicles: _____

Equipment to be used: _____

1. Will street closings or any traffic control be required? Yes No
2. Will any town or school property be used? Yes No
3. Will public sidewalks be required to be blocked or closed? Yes No
4. Will any construction of sets or temporary structures be required? Yes No
5. Will parking arrangements be required for vehicles or equipment? Yes No
6. Will the filming generate excessive noise or light? (i.e. generators, screeching tires, etc.) Yes No
7. Will any explosives or incendiary devices or open flames be used in the filming? Yes No
8. Will food making or catering be required on location(s) for the project? Yes No
9. Will the filming require use of power? Yes No
10. Will the filming require use of water? Yes No

Requirement: All abutters need to be notified prior to filming.

Signature of Applicant Date Title

Approved: Yes No

Town Administrator Date