



TOWN OF SCITUATE FILM PERMIT APPLICATION

SECTION 1: APPLICATION PROCESS AND FEE

\$100.00/ Day

Please complete the following application in its entirety. The Film Permit fee is \$100/day and an insurance certificate naming the Town of Scituate as additionally insured is required.

Note: Application fees do not cover any additional costs that may be incurred or required by the Town of Scituate.

Applications with applicable fee (check or money order made out to: *Town of Scituate*) to:

**Town Administrator's Office
600 Chief Justice Cushing Highway
Scituate, MA 02066
781-545-8741**

SECTION 2: APPLICANT INFORMATION (Please fully complete with all that apply)

Production Title:

Type of Production: _____
*Commercial, PSA, Documentary, Feature, Industrial Video, Music Video, Special Event,
Still Photo, Student, Other*

Production Company or Organization

Company Name:

Insured Company Name:

Address (city, state, zip):

Address (city, state, zip)

Phone: _____

Phone: _____

Email: _____

Email: _____

Project Contact Person and Title:

Project Location Manager or Assistant

Title: _____

Title: _____

Project Contact Phone _____ cell _____ Email _____

Project Location Manager Phone _____ cell _____ Email _____

SECTION 3: FILMING DETAILS

Will any town owned property or school property be requested? ___ Yes ___ No

Location Address(es):

Date(s) and Time(s):

EQUIPMENT BEING USED (5 or 10 ton trucks, semi- trucks, crew vehicles, cube trucks, motor homes, trailers, generators, lifts, vans, camera cars, cranes, portable restrooms (and quantity)

Will public sidewalks be required to be blocked or closed? ___ Yes ___ No

Will any construction of sets or temporary structures be required? ___ Yes ___ No

Please explain:

FILMING ACTIVITY

Will the filming generate excessive noise? ___ Yes ___ No
(generators, screeching tires, gunfire, special effects) Please describe:

PERSONNEL ON LOCATION

Cast _____

Crew _____

Audience _____

Extras _____

Where are extras holding? _____

Base Camp Location Address: _____

Crew Parking: _____

Will there be food making or catering on location? ____ Yes ____ No

Posted parking/closures: (please indicate which side of street or both sides)

Name of Person/Applicant _____

Signature _____ **Date** _____

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SECTION 3: APPROVALS/CONDITIONS/REQUIREMENTS *(For Town of Scituate Use Only)*

Department	Telephone	Services / Conditions /Meeting Requirements
Kevin Cafferty, Department of Public Works	(781)545-8731	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drew Scheele, Board of Health	(781)545-8725	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nick Lombardo, Recreation	(781)545-8738	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stephen Mone, Harbormaster	(781)545-2130	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
School Department	(781)545-8759	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Thompson, Police	(781)545-1212	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Donovan, Fire	(781)545-8748	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
James Boudreau, Town Administrator	(781)545-8741	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

