



City of Allen Park MI
16630 Southfield Road
Allen Park, Mi 48101-2555

Production Filming Permit Application

I. Applicant Contact Info

Name of Production Company _____ Date: _____
 Production Product Title _____ Fed / State Employer ID: _____
 Address: _____ Company Phone Number: _____
 Contact Name: _____ Title: _____
 Email: _____ Phone # _____

II. Project Information

1. Filming Dates: _____ to _____ Hours _____ to _____

Location: _____

Current Use: _____ Property Owner: _____ Phone: _____

Details of the Nature & Location of Filming Activity (provide description for location including maps, sketches, etc.)

2. Filming Dates: _____ to _____ Hours _____ to _____

Location: _____

Current Use: _____ Property Owner: _____ Phone: _____

Details of the Nature & Location of Filming Activity (provide description for location including maps, sketches, etc.)



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3. Filming Dates: _____ to _____ Hours _____ to _____

Location: _____

Current Use: _____ Property Owner: _____ Phone: _____

Details of the Nature & Location of Filming Activity (provide description for location including maps, sketches, etc.)

4. Filming Dates: _____ to _____ Hours _____ to _____

Location: _____

Current Use: _____ Property Owner: _____ Phone: _____

Details of the Nature & Location of Filming Activity (provide description for location including maps, sketches, etc.)

Attachments:

- Four copies of maps and plans. Insurance Binder Sheet Authorization from Property Owner(s)

III. Script Outline

Provide Title, Description of the content and topic of the production proposed:



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IV. Type of Filming

Television _____ Motion Picture _____ Commercial _____ Education _____ Non-Profit _____ Video _____

Other (Please specify): _____

V. Number of Attendees:

Cast: _____ Crew: _____ Extras: _____ Other: _____

VI. Types / Number of Vehicles:

Automobiles _____ Trucks _____ Vans _____ Catering Trucks

Motor Homes _____ Cranes _____ Trailers _____ Crew Cars _____ Camera Cars _____

Other (Please specify): _____

VII. Special Effects / Scenes:

Pyrotechnics _____ Animals _____ Sirens/noises _____ Explosions _____ Open Flames _____ Use of Firearms _____ Aircraft _____

Simulated Crime _____ Car Chase _____ Other (Please specify): _____

VIII. Special Assistance Requested:

Street Closure _____ Traffic Control _____ Emergency Services _____ Security _____

Other (Please specify): _____

The undersigned states the above information is true and correct, and understands that it is the responsibility of the applicant to ensure all filming activity is conducted in accordance with the approved permit.

Signature of Applicant: _____ Date: _____

Title : _____

Office Use Only

Application #: _____ Date Received: _____ Total Fees: _____

Date of Approval: _____ Date of Denial: _____

Reviewed by: _____



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CONSENT OF PROPERTY OWNER

Production Filming

I, _____, OF THE STATE OF MICHAGIN AND COUNTY OF Wayne

_____ STATE THE FOLLOWING:
 (Name of property owner)

- That I am the owner of real estate located at _____
 (Address of affected property)
- That I have no objections to, and consent to the request(s) described in the Application made to the City of Allen Park

Applicant: _____
 (Name of Production Filming Applicant)

 Owner's Name (Please Print)

Dated: _____

 Owner's Signature