



Henry County Film and Television Permit

Applicant Information

Name of person/ company applying: _____
Address: _____
City/State/ZIP _____
Telephone: (____) _____ - _____ Ext. ____ Facsimile: (____) _____ - _____ Email: _____

Property Owner Information

Name of Property Owner: _____
Address: _____
City/State/ZIP _____
Telephone: (____) _____ - _____ Ext. ____ Facsimile: (____) _____ - _____ Email: _____
Contact Person: _____ Contact Number: (____) _____ - _____

Filming Information

Type: Feature Film _____ TV Movie _____ TV Series _____ Commercial _____ Other _____
Beginning Date: _____ Ending Date: _____
Hours of the Event: _____
Location(s): _____

Prep/ Wrap included in listed time? No ___ Yes ___ If not, what are the dates and times of the prep and wrap activities: _____

Describe Scene/ Project: _____

Number of People in Cast: _____ Crew: _____ Extras: _____
Street Closure(s): Yes ___ No ___ If Yes, please include the dates, times, and location of the requested closure(s): _____

Base Camp Location: _____

Lunchbox or Catering Tent/ Portable Restroom Facility locations: _____

Cast/ Crew/ Extra Parking: _____

Will there be any stunts/ gunfire/ pyrotechnics/ amplified noise etc: Yes ___ No ___ If so, when and where: _____

Special requests (structure building, power line moving, etc.): _____

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT, OR FROM THE TIME OF THE BEGINNING OF THE SPECIAL EVENT, WHICHEVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS SPECIAL EVENT, WHETHER FOR THE BASIC SERVICES OR ADDITIONAL SERVICES TO PERSONS OR PROPERTY, THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE COUNTY AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS OR ACTIONS, AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION, AND ACTIONS, BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONS CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE COUNTY, THE DEFENSE OF ANY AND ALL CLAIM, LITIGATIONS, AND ACTIONS, SUFFERED THROUGH ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR, OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. **PLANNING STAFF RESERVES THIRTY (30) DAYS TO PROCESS THIS APPLICATION.**

PLEASE PRINT NAME

APPLICANT'S SIGNATURE

CONTACT NUMBER

DO NOT COMPLETE THE FOLLOWING-OFFICE USE ONLY

PLANNING AND ZONING DEPARTMENT

Application fee amount \$ _____ cash/check# _____ received by _____ Date Submitted: _____

HCDOT Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)
HC Police Department Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)
HC Sheriff's Office Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)
Parks and Recreation Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)
HC Fire Department Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)
Planning and Zoning Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)
Facilities Maintenance (All County property except for parks) Name _____	Date Approved _____ Initial _____	<input type="checkbox"/> Approve <input type="checkbox"/> Approve with Conditions <input type="checkbox"/> Deny (list any conditions/ comments below)

Department/ Initial	Conditions/ Comments



Temporary Special Event Permit: Owner Consent Letter

To Whom It May Concern:

I hereby authorize _____ and any of its agents to obtain all necessary special event permits and documentation needed to conduct the special event at the following:

Address of property: _____

Parcel ID number(s): _____

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number: _____

Date: _____

Owner/Agent Signature: _____

Printed Name: _____