

Film Permit Application

Admin Fee - \$100.00 Subject to change

Nottawasaga Community Economic Development Corporation ced@nottawasaga.com • www.nottawasaga.com • 800-509-7554

Date of application:						
Production Company:				Address:		
Project Title:				Project Type:		
Location Manager:				LM Cell Phone Number:		
LM Email Address:						
Assistant Location Manager:				ALM Cell Phone Number:		
ALM Email Address:						
Number of Cast and Crew:				Number of Production Vehicles:		
Filming	Location:	(full address w/ postal code)				
Prep Da	ates	From	TIME	То	TIME	
		TIME	То	TIME		
Wrap D	ates	From	TIME	То	TIME	
Provide	e a brief de	scription of the scene:				
Additional Information:						
Р	Parking Plan					
	□ List of Any Stunts and Special Effects					
Supporting Documentation:						
 □ Certificate Of Insurance □ Security Deposit (if required) □ Notification to Affected Residents/Occupants/Business (if required) □ Letters from Fire/Police/Ambulance (if required) 						