



# TOWN OF SCITUATE FILM PERMIT APPLICATION

## SECTION 1: APPLICATION PROCESS AND FEE

**\$100.00/ Day**

**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*) submit to:

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

## SECTION 2: APPLICANT INFORMATION

**Production Title:**

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Type of Production: \_\_\_\_\_

*Commercial, PSA, Documentary, Feature, Industrial Video, Music Video, Special Event,  
Still Photo, Student, Other*

**Production Company or Organization**

Company Name:

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Insured Company Name:

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Address (city, state, zip):

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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Project Contact Person:

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Title: \_\_\_\_\_

Contact Phone and Email \_\_\_\_\_

Revised 20160809

**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, 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

**Name of Person/Applicant** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Department	Notified	Services / Conditions /Meeting Requirements
Department of Public Works		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Board of Health		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Recreation		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Harbormaster		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
School District		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Town Administrator		Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Approvals/Requirements (Determined by the Town Administrator)			
Board of Selectmen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conservation Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Recreation Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Public Notification/Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Held:
Other Special Conditions: (Insurance/Hold Harmless/Additional Insured, etc.):			

Final Approval:  No, Permit Denied  Yes, Permit Approved and Issued by:

Town Administrator: \_\_\_\_\_ Date \_\_\_\_\_  
Signature