

TOWN OF SELMA, NC

Film Permit

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*****THIS PERMIT IS VALID ONLY AFTER BEING REVIEWED AND SIGNED BY ALL OF THE APPROPRIATE AUTHORITIES LISTED ON PAGE 4 OF THIS FORM*****

This application must be submitted to the Department of Planning & Economic Development no later than five (5) working days prior to the proposed filming event. Permit submittal is required fourteen (14) days prior to any film events which require traffic disruption and/or when special effects are proposed. *At the discretion of town staff, this time requirement may be reduced or waived.* APPLICATIONS DEEMED INCOMPLETE BY TOWN STAFF WILL NOT BE ACCEPTED.

Please note:

- Filming exclusively on private property may not require a film permit. However, if ANY form of special effects, including pyrotechnics, are proposed, a Film Permit with Fire Department approval is required. Any activity that has the potential to adversely affect adjacent properties will also require a film permit.
- A detailed sketch of the filming location, including the location of any needed barricades, is required to be attached to this application.
- The Town of Selma, its employees, volunteers, agents, and elected officials must be named as "additional insured" for \$1,000,000 Comprehensive General Liability insurance for each occurrence. Proof of this insurance is required to be attached to this application.
- A separate film permit is required for each noncontiguous film location in the Town of Selma.
- A \$200 nonrefundable application fee must accompany this application. Checks are to be made payable to TOWN OF SELMA, with the memo line reading: ACCT. # 10-3491-0000.
- *If filming for three (3) or more days, Town Council review and approval will be required.*

TOWN USE ONLY:

This application has been received and determined to be complete.

Authorized Signature

Date

Printed name of receiving official

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Please type or print (all information is required):

Type of film event (motion picture feature, commercial, etc.): _____

Date(s) of film event: _____ Est. production duration: _____

Set up time: _____ Film time: _____ Wrap time: _____

Production title: _____

Film location/street address: _____

Staging location if different from above: _____

Filming location description (residence, street, park, etc.): _____

Summary of scene: _____

Special scene requirements: _____

Description of any special effects: _____

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Number of cast/crew: _____

Number of vehicles/equipment

Cars/Vans: _____ Trucks: _____ Motor homes: _____ Camera cars: _____ Other: _____

Will security or emergency personnel be needed (additional charges may apply)? _____

Production company name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Location Manager: _____

Direct Phone: _____ Email: _____

Local production office/hotel: _____ Phone: _____

Local office address: _____

Individual completing this application if different from above: _____

Phone: _____ Email: _____

*****IMPORTANT – READ BEFORE SIGNING*****

I hereby acknowledge that the information provided above is factual and correct to the best of my knowledge. This permit and associated conditions shall not void or supersede any more restrictive regulations imposed by a state agency or any agency holding valid jurisdictional authority in the affected area, and should be considered minimum standards for conducting the film activity described above. This permit may be revoked at any time there occurs a reasonable threat to the health, safety, or general welfare of the public at large, or if any of the information provided above is proven false. A COPY OF THIS PERMIT MUST BE MADE AVAILABLE UPON REQUEST.

Signature of Applicant

Date

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REVIEW AUTHORITIES ***OFFICE USE ONLY***

Department of Planning & Inspections

PLANNING:

APPROVED:

Director of Planning & Inspections (or designee)

Date

CONDITIONS/COMMENTS: _____

BUILDING INSPECTIONS:

APPROVED _____ NOT APPLICABLE

Building Inspector

Date

CONDITIONS/COMMENTS: _____

Fire Department

APPROVED _____ NOT APPLICABLE

Fire Chief (or designee)

Date

CONDITIONS/COMMENTS: _____

Police Department

APPROVED:

Police Chief (or designee)

Date

CONDITIONS/COMMENTS: _____
