



# **COMMERCIAL FILMING PERMIT**

APPLICANTS ARE REQUESTED TO COMPLETE BOTH PART A AND PART B PROVIDING AS MUCH RELEVANT INFORMATION AS POSSIBLE.

#### PART A

APPLICANT DETAILS
Production Company:
ABN:
Postal Address:
Production Services Company:
ABN:
Postal Address:
CONTACT
Name
Role in production:
Postal Address
Phone:
Fax:
Mobile:
Email Address:

## **TYPE OF PRODUCTION**

☐Feature Film:	☐Television Series:	☐Short Film:	☐Documentary:				
☐Student Film:	☐Corporate Video	☐Television Comme	ercial				
Other (please specify):							
Description of production	n:						
PRODUCTION DETA							
Shooting days:	Number of Crew	:	Number of Cast:				
Number of Commercial	Film Vehicles Trucks:		Cars:				
INSURANCES							
Public Liability:	☐ (Attach Certificate of Currency for \$20,000,000)						
Other Insurances:	☐ (Describe and attach Certific	cate of Currency and a	amount)				
	be noted as an interested party						
	red is to be a minimum of \$20,00		will advise on the form of the				
Unless the Public Liabil application will not be a	ity Insurance Certificate of Curre pproved.	ncy for the correct amo	ount has been received, the				
RISK MANAGEMENT ARRANGEMENTS  (Tick if required and describe)							
Safety Plan:							
Animal Control:							
Police / Fire / Rescue:							
Building Approval:							
Letter Box Drop:							
Other Publicity:							
Sanitation:							
Waste:							
Other (describe):							

## **PART B**

## **PRODUCTION SCHEDULE**

Exact times for	r which approval is	sought. Shooting	dates (d	dd /mm	n/yy)			
Day 1/ _	/	T	ime:	_:	_ AM to	<b>:</b>	_PM	
Day 2/ _	/	T	ime:	_:	_ AM to	_:	_PM	
Day 3/ _	/	T	ime:	_:	_ AM to	:	_PM	
Day 4/ _	/	T	ime:	_:	_ AM to	:	_PM	
Day 5/ _	/	T	ime:	_:	_ AM to	<b>:</b>	_PM	
State additiona	al filming dates and	d times below.						
Location(s) for	which approval is	sought. (Attach co	opy of m	aps/st	reet directo	ry if ne	cessary)	
, ,				·				
	•••••							
		•••••						
		SPECIAL	_					
	(Tica	k if required and d	escribe i	locatio	n where rel	evant)		
Public Parks:	☐ If filmin filming.	g in a Council pa	rk you v	will ne	ed to infor	m Cou	ncil 2 weeks	prior to
Fireworks:	<u> </u>							
	For the	use of fireworks	you mu	st hol	d the appro	opriate	permits.	
Animals:		itend to use exot						
Road closures								
	Please	itend to close a r note if the proposion of the NSW F	sed clos	sure is	on a State	e-contr	olled road, th	e written
Other, please s	specify: \( \sum_{} \) (lights,	noise, night shoc						

#### **TEMPORARY ROAD CLOSURES**

The following guidelines are applicable where the temporary road closure will have little inconvenience to residents, business owners, public transport operators etc. Where there may be a high level of inconvenience, the application must be lodged 8 weeks prior to the proposed shoot to allow a full assessment of the application to be made.

Traffic control requi	r <b>ed</b> (minimum 2 weeks noti	ce for the approval of a traffic management plan must be
Yes No	<b>N/A</b> □	
Road Closure requir	ed (minimum of 4 weeks no	otice for the approval of a road closure must be given)
Yes No	□ N/A□	
Traffic Control and	Temporary Road Closures	<b>3:</b>
<ul><li>A traffic mana</li><li>Contact detail</li></ul>	ngement plan (TMP) prepar	uires the following documentation: red by an appropriately accredited person. o perform this road closure. Please note that only qualified road closures.
<ul> <li>Advertise det Shire's Media</li> <li>Notify in writin closure 2 wee</li> <li>Upper Lachla</li> </ul>	<ul> <li>Upper Lachlan Shire Coung any residents and or buseks prior to the road closure</li> </ul>	closure for two weeks prior the event in the Upper Lachlan ncil is to be supplied copies of the advertisement. Siness operators directly affected by the temporary road explied an address list of those notified. An example/template
WIL		ICATION FEE: THE MERITS OF THE PROPOSAL
DECLARATION	AND SIGNATURES	
I/we, the undersigned	, agree to the conditions sta	ated below.
		hlan Shire Council in respect of all actions, suits, claims, ag out of or relating to filming in the Shire.
		not be responsible for or indemnify Council against any loss, ag in any way during filming in the Shire.
Signature of Organis	ser(s)	Date
	/_	

#### PART C - OFFICE USE ONLY

Additional information sought and provided DATE SOUGHT **PROVIDED** ..... ...... ....... ..... ..... ..... ....... ...... ..... ...... **APPROVAL** Approved: Not Approved: Conditional Approval: Date: \_\_\_\_/ \_\_\_\_\_ Payment of Application Fee: Approved by Traffic: Date: \_\_\_\_/ \_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_ Approved by Local Laws: **PERMIT** Letter Sent Date: ☐ \_\_\_\_1\_\_\_1\_\_\_\_

OFFICE USE ONLY - CUSTOMER SERVICE						
NAME ON RECEIPT _						
RECEIPT NO:		_ DATE:	/	/	_CSO:	
APPLICATION FEE	\$	_				