



NEWTON COUNTY Motion Picture, Television and Photographic Productions Permit Application

This information is necessary to process a request for a film and television production permit from Newton County, Georgia. A permit is required for any filming activity taking place within unincorporated Newton County, whether on public or private property. For filming entirely contained on private property this is merely a formality, however, notification using the County's permit application form is nonetheless required.

Please fill in all of the blanks, using "none" or "not applicable" where necessary. Return a completed copy of this application and all other required documentation to Lisa Conner, 1124 Clark St., Covington, GA 30014 or Lconner@co.newton.ga.us at least 10 working days in advance before the filming activity takes place. Rush Fee will be applied to applications received less than 10 working days of requested film activity. Earlier application is recommended, as all permits are issued on a first-come-first served basis, and time may be needed to work out any difficulties or county services associated with the planned activities. Exceptions may be granted due to weather constraints or other emergencies.

CONTACT INFORMATION

Production Company: _____ Project Title: _____

Permanent Company Address: _____

Local Company Address: _____

Name and Title of Contact Person: _____ Cell Phone Number: _____

Email: _____

Name and Title of Contact Person: _____ Cell Phone Number: _____

Email: _____

PROJECT INFORMATION

Filming Locations: Name and Complete Address

DATES REQUESTED FOR FILMING: _____

Specify specific dates and time frames

Prep: _____ Shoot: _____ Strike: _____

Inclement Weather Alternative Dates: _____

Number in Crew: _____ Number in Cast: _____ Number of Extras: _____

VEHICLES AND PARKING

Describe proposed parking plan: Staging Area, Base Camp, Crew Parking, Craft Services, Portable Restroom Facilities, Roll-Off for trash, Equipment..... Attach Overhead Diagram

REQUIRED CERTIFICATE OF LIABILITY

General Insurance Carrier Name: _____ Telephone Number: _____

Automobile Liability Insurance Carrier Name: _____ Telephone Number: _____

Worker's Comp and Employer's Liability Insurance Carrier Name and Number: _____

All productions are required to maintain public liability insurance policies for filming on locations within unincorporated Newton County. All applications must include certificates of insurance for at least the following amounts: general liability - \$1,000,000 per occurrence, \$2,000,000 aggregate limit; automotive liability - \$1,000,000, and worker's comp and employer's liability - \$500,000 per incident.

AMPLIFIED SOUND FOLLOW NOISE ORDINANCE REQUIREMENTS

Do you plan to use amplified sound: _____ Type of Sound to be Used: _____

Type of Sound to be Amplified: _____ Start Time of Sound: _____ End Time of Sound: _____

SPECIAL EFFECTS (MAY REQUIRE A SPECIAL PERMIT AND/OR LICENSE)

_____ Aerial _____ Animals _____ Candles _____ Gunfire _____ Construction _____ Explosions _____ Fire Effects

_____ Stunt _____ Open Campfire _____ Propane _____ Sparks _____ Tent _____ Cooking on Site

_____ Other (Explain) _____

_____ Water Activities (Explain) _____

_____ Lighting, Describe _____

Location of Special Effects _____

Pyro Technician

Name: _____ License Number: _____

Certified Rescue Diver: _____ License Number: _____

_____ Lane Closure _____ Street Closure _____ Sidewalk Closure

Location(s) _____

Date(s) _____ Start Time _____ End Time _____

Attach overhead view labeling streets, cross streets and/or alleys to be used. Indicate all streets/walks subject to closure or traffic control

For full street closures, all affected residents must be contacted in writing, notifying them of your filming activities. This office requires a copy of that letter for your file. Newton County Sherriff's Office must be on site, at the production company's expense, during all road closure activities. You may be required to install signage at the location. Additional requirements for a State Route.

Emergency vehicle access must be maintained at all times. Upon completion of work, all Newton County right-of-way must be left in pre-permit condition.

SECURITY PLAN

Description of Shoot as detailed as possible. You may insert an additional page to be a part of this application.

Location(s)/Route (If there are moving components) _____

Security Plan: _____

Number of Post-Certified off-duty Law Enforcement Personnel from the Newton County Sheriff's Office _____

Lead Officer's Name: _____ Telephone Number: _____

Private Security: _____ Company Contact Name: _____ Telephone Number: _____

Based upon the circumstances of the shoot, the applicant may be required to hire off-duty POST-certified police officers as determined and directed by the Newton County Sheriff's Office based upon public safety and security considerations. These officers must have the jurisdictional authority to enforce County ordinances and State law.

Film and Television Production Permit Guidelines

The following items must be submitted with your application for a Newton County Film and Television Production Permit:

1. Certificate of insurance coverage for general liability, automotive liability and worker's comp and employer's liability.
2. Completed Hold Harmless and Indemnification
3. A security plan, if not thoroughly detailed above.
4. A check made payable to Newton County Board of Commissioners in the amount of \$50.00 for the general Film and Television Production Permit.
5. A check made payable to Newton County Board of Commissioners for any additional fees, if applicable.

Return the completed application and additional required information to the Newton County Board of Commissioners attention Lisa Conner, email iconner@co.newton.ga.us or by mail to 1124 Clark Street, Covington, GA 30014. This application must be received by the County no later than 10 days before filming.

Terms and Conditions

The applicant must agree to all of the terms and conditions set forth in the permit, including without limitation compliance with the following rules:

1. The undersigned hereby acknowledges responsibility for adherence to all of the terms and conditions hereof as well as all Federal and State laws and Newton County ordinances.
2. The undersigned assumes liability for any and all damages occurring as the result or in connection with the undersigned's use of any Newton County property.
3. The undersigned acknowledges that Newton County assumes no liability for any damages, injuries, or expenses incurred as a result of or in connection with the above described event.
4. The undersigned certifies that the information contained herein and in the application form is true and correct.
5. All applicants must submit a security plan that is approved by the Newton County Sheriff's Office and/or Newton County Fire Services or his/her designee. Based upon the circumstances of the shoot, the applicant may be required to hire off-duty POST-certified police officers as determined and directed by the Newton County Sheriff's Office based solely upon public safety considerations. These officers must have the jurisdictional authority to enforce County ordinances and State law.
6. Any and all change requests must be received at least one business day prior to the shoot.
7. The applicant must obtain insurance coverage for the shoot.
8. If permission is granted by the County, a written permit will be issued including time, date and location of filming and acceptable activities within the scope of the permit.

I have read and understand this application in its entirety and agree to the terms and conditions.

I have read and understood Newton County Ordinance Section 32-204 Motion picture, television and photographic productions. Signed this _____ day of _____, _____.

Company Name: _____

By: _____

Name and Title

(Must be Location Manager of Above, NCBOC reserves the right to require the signature of the Producer)

Given all information being true and correct, the above company is hereby granted a permit to conduct the activities listed in this application for filming at the time and located and for the purpose stated.

Signature: _____ Date: _____ Signature: _____ Date: _____

Chairman Marcello Banes

Newton County Sheriff's Office

Signature: _____ Date: _____ Signature: _____ Date: _____

Newton County Recreation Commission

Newton County Fire Services

Signature: _____ Date: _____ Signature: _____ Date: _____

Newton County Water Resources

Other Department Head

Signature: _____ Date: _____ Signature: _____ Date: _____

Public Works

