

CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

505.768.3289

www.filmABQ.com

PERMIT #:

NEW APPLICATION

REVISED REQUEST

DATE OF APPLICATION:

PROJECT TITLE:	
PRODUCTION COMPANY:	
OFFICE ADDRESS:	
OFFICE NUMBER:	OFFICE FAX NUMBER:
LOCATION MANAGER:	CELL NUMBER:
ASSISTANT LOCATION MANAGER:	CELL NUMBER:

FILM LOCATION ADDRESS:	<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	BEGIN FILMING (DATE & TIME):
		END FILMING (DATE & TIME):
LOCATION OF BASECAMP (CANNOT BE ON STREETS):	BASECAMP MOVE IN (DAY, DATE & TIME):	
	BASECAMP MOVE OUT (DAY, DATE & TIME):	

(FILMING DATES/TIMES MUST REFLECT THE MOMENT PRODUCTION WILL ARRIVE AT THE FILMING LOCATION (I.E. SETUP BARRICADES) AND THE TIME THE LAST PRODUCTION VEHICLE LEAVES.)

PROVIDE A BRIEF DESCRIPTION OF THE SCENE BELOW

CATERER: _____	PHONE NUMBER: _____
CRAFT SERVICES: _____	PHONE NUMBER: _____

****YOU MUST ENSURE THAT BOTH ENTITIES CONTACT CABQ ENVIRONMENTAL HEALTH FOR PERMITS** 768-2638**

BARRICADES MAY ONLY BE UP DURING PERMITTED TIMES.

ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	
ITC CLOSURE	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB
ON	FROM	TO	
STREET NAME	STREET NAME	STREET NAME	

INTERMITTENT TRAFFIC CONTROL CANNOT EXCEED 5 MINUTES

SPFX?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:

IF YOU'RE BAGGING METERS DURING PREP WORK BE SURE TO MARK YOUR START DATE ACCORDINGLY

BAGGING METERS? YES NO	IF SO, PROVIDE METER LOCATION/S:
START DATE AND TIME:	
END DATE AND TIME:	

NUMBER OF CAST & CREW AT LOCATION: _____

1 REQUESTED NUMBER OF APD CHIEF'S OVERTIME:
NOTE APD TRAFFIC MAY REQUIRE MORE WHICH WILL
SUPERSEDE YOUR REQUEST

DEPARTMENT SIGNATURES
ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

PERMIT # _____

DEPARTMENT OF MUNICIPAL DEVELOPMENT

600 2ND ST NW, 8TH FLOOR ALBUQUERQUE, NM 87102 (505) 768-2223		CONSTRUCTION COORDINATOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
BARRICADE PERMIT:	N/A	REQUIRED	PERMIT FEE \$ <input type="text"/>
COMMENTS:			

TRANSIT

100 1ST SW, 2ND FLOOR ALBUQUERQUE, NM 87102 (505) 724-3177		ABQ RIDE OPERATIONS SUPERVISOR	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

FILM OFFICE

ONE CIVIC PLAZA NW, 11TH FLOOR ALBUQUERQUE, NM 87103 (505) 768-3289		FILM LIAISON	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

PARKING DIVISION

600 2ND ST NW, 5TH FLOOR ALBUQUERQUE, NM 87102 (505) 924-3950		PARKING DIVISION MANAGER	DATE
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS:			

OFFICE OF NEIGHBORHOOD COORDINATION

PLAZA DEL SOL BUILDING 500 SECOND ST. NW, ROOM 440 ALBUQUERQUE, NM 87102 (505)924-3902			_____ ONC REPRESENTATIVE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

FIRE MARSHAL

724 SILVER SW ALBUQUERQUE, NM 87102 (505)764-6300			_____ FIRE MARSHAL'S OFFICE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
EMERGENCY ACCESS LANE	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED		
FIRE HYDRANT ACCESS	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED		
SPECIAL COOKING ARRANGEMENTS	<input type="checkbox"/> N/A	<input type="checkbox"/> REQUIRED		
FIRE EXTINGUISHER'S NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
STANDBY EMERGENCY TEAM NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> RESCUE	<input type="checkbox"/> PUMPER
SPECIAL CONSIDERATIONS	<input type="checkbox"/> ELDERLY	<input type="checkbox"/> HANDICAP		

SOLID WASTE

4600 EDITH NE ALBUQUERQUE, NM 87107 (505)761-8144			_____ SOLID WASTE REPRESENTATIVE	_____ DATE
COMMENTS:			<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

ALBUQUERQUE POLICE DEPARTMENT

NORTH VALLEY AREA 5408 2ND ST. NW 505-761-8800	NORTHEAST AREA 8201 OSUNA NE 505-823-4455	NORTHWEST AREA 4501 ELLISON NW 505-768-4850	_____ AREA COMMANDER, APD	_____ DATE
SOUTHWEST AREA 5404 LOS VOLCANES 505-831-4705	SOUTHEAST AREA 800 LOUISIANA SE 505-256-2050	FOOTHILLS 12800 LOMAS NE 505-332-5240	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS: _____ _____ _____				

ALBUQUERQUE POLICE DEPARTMENT / TRAFFIC

TRAFFIC COMMANDER 7520 CORONA AVE., NE ALBUQUERQUE, NM 87112 (505)768-2380	_____ TRAFFIC COMMANDER, APD	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS: _____ _____ _____		

CHIEF'S OVERTIME

400 ROMA NW ALBUQUERQUE, NM 87102 (505)768-2380	_____ CHIEF'S OVERTIME COORDINATOR	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS: _____ _____ _____		

ALBUQUERQUE POLICE DEPARTMENT, CHIEF'S OFFICE

400 ROMA NW ALBUQUERQUE, NM 87102 (505)768-2380	_____ CHIEF OF POLICE/APD	_____ DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS: _____ _____ _____		

ENVIRONMENTAL HEALTH DEPARTMENT

ONE CIVIC PLAZA, ROOM 3023
ALBUQUERQUE, NM 87102
(505)768-2632

EHD REPRESENTATIVE

DATE

APPROVED DENIED

TEMPORARY FOOD ESTABLISHMENT N/A REQUIRED

NOISE PERMIT N/A REQUIRED

LIQUID WASTE N/A REQUIRED

GREASE CONTAINERS N/A REQUIRED

CHEMICAL TOILETS N/A REQUIRED

COMPANY NAME: _____ CONTACT #: _____

NUMBER OF FOOD / DRINK VENDORS / DISPENSERS AT THIS EVENT: _____

COMMENTS:

I _____ DO HEREBY DECLARE THAT THE ENCLOSED SCHEDULED FILMING WILL BE CONDUCTED IN ACCORDANCE WITH THE REQUIREMENTS AND RECOMMENDATIONS MADE BY THE FILM PERMIT COMMITTEE. I UNDERSTAND THAT VIOLATIONS OF ORDINANCES OR STATUTES WILL NOT BE ENCOURAGED OR PERMITTED. I ALSO UNDERSTAND THAT THIS PERMIT, IF APPROVED, MAY BE REVOKED BY ANY MEMBER OF THE FILM PERMIT COMMITTEE, ALBUQUERQUE POLICE DEPARTMENT, OR ALBUQUERQUE FIRE DEPARTMENT, IF, IN THEIR OWN OPINION, ANY OF THE FOLLOWING OCCUR: THE EVENT BECOMES A PUBLIC NUISANCE, VIOLATIONS OF STATUES OR ORDINANCES ARE COMMITTED BY ANY PARTICIPANT, ANY OF THE RECOMMENDATIONS HEREIN REFERRED TO AS THE "FILM PERMIT" ARE NOT MET. I UNDERSTAND THAT ANY SIGNIFICANT CHANGES (DATE, TIME, LOGISTICS, LOCATION AND THE LIKE) TO THE FILMING AFTER THE DATE IT WAS REVIEWED BY THE FILM PERMIT COMMITTEE WILL REQUIRE THAT I RESUBMIT THE "FILM PERMIT" TO THE COMMITTEE MEMBERS AND/OR OBTAIN APPROVAL OF THE CHANGES FROM THE RESPECTIVE DEPARTMENTS.

ADDITIONALLY, I UNDERSTAND THAT THE CITY OF ALBUQUERQUE AND THE FILM PERMIT COMMITTEE, WILL NOT BE HELD RESPONSIBLE FOR CHANGES MADE BY THE EVENT ORGANIZER OR PARTICIPATING ENTITIES PRIOR TO OR DURING THE EVENT.

SIGNATURE OF APPLICANT

DATE

WE, THE UNDERSIGNED, HAVE BEEN ADVISED OF FILMING IN OUR AREA.

NAME

ADDRESS

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