

CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

505.768.3289

www.filmABQ.com

PERMIT #:

DATE OF APPLICATION:

NEW APPLICATION

REVISED REQUEST

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

FILM LOCATION ADDRESS:	<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	BEGIN FILMING (DATE & TIME):
		END FILMING (DATE & TIME):
LOCATION OF BASECAMP(CANN OT 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
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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 <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB			
ON _____	FROM _____	TO _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME				
ITC <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB			
ON _____	FROM _____	TO _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME				
ITC <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB			
ON _____	FROM _____	TO _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME				
ITC <input type="checkbox"/> CLOSURE <input type="checkbox"/>	BARRICADE SET UP TIME: _____	REMOVAL TIME: _____	EB / WB / NB / SB			
ON _____	FROM _____	TO _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STREET NAME	STREET NAME	STREET NAME				

INTERMITTENT TRAFFIC CONTROL CANNOT EXCEED 5 MINUTES

SPFX/DRONES?	<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 <input type="checkbox"/> NO <input type="checkbox"/>	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

