

CITY CLERK'S OFFICE  
CITY OF NEW ROCHELLE  
NEW ROCHELLE, NEW YORK 10801

Phone: 914-654-2159

Fax: 914-654-2158

MOTION PICTURE/TELEVISION/STILL PHOTOGRAPHY/VIDEO

PERMIT NO. \_\_\_\_\_

*This permit is issued to the applicant to film or televise or take still photographs on streets or property subject to the jurisdiction of the City of New Rochelle at the times and locations designated below. This permit must be in the possession of the applicant at all times while on location. For additional information call the City Manager's Office: (914) 654-2140.*

APPLICATION—PLEASE PRINT

DATE: \_\_\_\_\_

1. Company \_\_\_\_\_ Address \_\_\_\_\_

2. Production Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

Two (2) 24-Hr. Contacts for Day of Filming

3. Location \_\_\_\_\_

Signed Consent Property Owner \_\_\_\_\_ Printed \_\_\_\_\_ Phone \_\_\_\_\_

4. Dates of Filming \_\_\_\_\_ Specify hours including set up, strike and arrival of production vehicles \_\_\_\_\_

5. Dates and times for Prep and Restoration \_\_\_\_\_

6. Type of Production: (Commercial/TV/Photos/Other) \_\_\_\_\_

7. Name of Production/Product \_\_\_\_\_

8. Interior \_\_\_\_\_ Exterior \_\_\_\_\_ Both \_\_\_\_\_ Scene Description(s) \_\_\_\_\_

9. No in Cast/Crew/Background \_\_\_\_\_ No./Types of All Vehicles incl.crew \_\_\_\_\_

10. Plan to Minimize Traffic Disruption \_\_\_\_\_

11. Full Equipment List \_\_\_\_\_ Generator # \_\_\_\_\_

12. Director \_\_\_\_\_ Production Manager \_\_\_\_\_

13 Insurance Company \_\_\_\_\_

14. Anticipated Viewing Date \_\_\_\_\_ Celebrities \_\_\_\_\_

15. Signature of Film Representative subject to permit addendums \_\_\_\_\_

Rep in Print \_\_\_\_\_

Office Use only

Copies forwarded to: \_\_\_\_\_ Police Department \_\_\_\_\_ Fire Department \_\_\_\_\_ City Clerk

\_\_\_\_\_ Parks & Recreation \_\_\_\_\_ Public Works \_\_\_\_\_ Chamber of Commerce

Is insurance certificate on file? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signature of City of New Rochelle Representative \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Location Fee: \$ \_\_\_\_\_

Non-refundable deposit \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_