



**Film Permit Application**  
Town of Cortlandt  
1 Heady Street  
Cortlandt Manor, NY 10567  
Town Clerk - 914.734.1020  
townclerk@townofcortlandt.com

Date: \_\_\_\_\_

**Applicant:**

Company: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Two Contact Numbers: \_\_\_\_\_

Dates of Previous Applications, if any: \_\_\_\_\_

**Filming:**

Kind of filming (i.e. motion picture, television, advertising): \_\_\_\_\_

Describe type of film and expected rating; type of show; products: \_\_\_\_\_

\_\_\_\_\_

Budget: \_\_\_\_\_

Estimated number of people on site: \_\_\_\_\_

Estimated number each, of Trucks, Vans and/or Cars on site: \_\_\_\_\_

Do you have written permission from property owners?  yes  no

**Location(s):** (List properties and roads – include a sketch of proposed filming location and setup)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Equipment on site:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe any Special Effects:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates of Filming:**

Date:\_\_\_\_\_ Starting Time:\_\_\_\_\_ Ending Time:\_\_\_\_\_ Locations:\_\_\_\_\_

**Insurance Information:** (Certificated must be attached)

Name of Insurance Company:\_\_\_\_\_

Address:\_\_\_\_\_

Policy #:\_\_\_\_\_ Expiration Date:\_\_\_\_\_

**Auxiliary Help:** (explain needs as required)

Police: (crowd control, road closures, etc.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dept of Environmental Services: (street cleaning, barriers, clean-up)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parks:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feet of reserved public parking requested: (please list road, linear feet requested, dates –\$0.25 sq. ft.) \_\_\_\_\_

\_\_\_\_\_

The applicant agrees to indemnify the Town of Cortlandt and to be solely and absolutely liable upon any and all claims, suits and judgments against the Town and/or the applicant for personal injury and/or property damage arising out of or occurring during the activities of the applicant, his/her/it’s employees or otherwise. The applicant further agrees to comply with all pertinent provisions of New York and Federal laws, rules and regulations. This permit may be revoked at any time.

Company Name:\_\_\_\_\_

Applicant Name:\_\_\_\_\_

Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**OFFICIAL USE ONLY**

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

Certificate of Insurance

Approved on \_\_\_\_\_ with the following conditions:

Notification of residents on the following streets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dir of DOTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dir of DES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Inspector: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_