



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:_____

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Date:_____ Starting Time:_____ Ending Time:_____ Locations:_____

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: _____