

2 Woodward Avenue Detroit, Michigan 48226

DETROIT FILM OFFICE PERMIT APPLICATION

All productions must complete a permit application prior to filming in the City of Detroit. Applications must be received two weeks before the first shoot date; more time is needed for street closures, freeways, bridges, and special effects. If a section of the application is not applicable, please indicate by N/A (not applicable).

Once the application is approved the permit will be emailed to the *Primary Contact*. A copy of the approved permit and insurance certificate must be present on-site during filming.

You cannot do the following unless you have permission:

- Stop or delay car & pedestrian traffic
- Film at any Park (ex. Detroit Riverwalk)
- Film at Spirit Plaza, Hart Plaza, Joe Louis Fist, or Belle Isle
- Film on any freeway, bridges, or the People Mover

If there are any questions, please email dfo@detroitmi.gov

· Film on private property

TV/Cable Ad

- Film on the Detroit River (camera & drone)
- Use drones
- Film business signs
- Film murals or artwork
- Use fire
- Use guns and/or police cars (real or fake)

PRIMARY CONTACT				
NAME:		PHONE NUMBER:		
EMAIL ADDRESS:				
PRODUCTION INFORMATION				
PRODUCTION TITLE:				
PROJECT DESCRIPTION:				
START DATE:		END DATE:		
PRODUCTION COMPANY:				
ADDRESS:	CITY	:	STATE:	ZIPCODE:
OFFICE NUMBER:				
Please select the production FORMAT:				
Feature Music Video		Documentary	l www.ad	
		_		
WWW Program TV/Cable Program		Photography	TV/Cable Movi	.e



PRODUCTION INFORMATION cont'd						
PRODUCER						
NAME:						
PHONE NUMBER:	EMAIL:					
DIRECTOR						
NAME:						
PHONE NUMBER:	EMAIL:					
PRODUCTION MANAGER						
NAME:						
PHONE NUMBER:	EMAIL:					
1 ST AD						
NAME:						
PHONE NUMBER:	EMAIL:					
LOCATION MANAGER						
NAME:						
PHONE NUMBER:	EMAIL:					
LOCATION ASSISTANT MANAGER						
NAME:						
PHONE NUMBER:	EMAIL:					
PUBLICIST						
NAME:						
PHONE NUMBER:	EMAIL:					
INSURANCE INFORMATION						
Will filming be for B-Roll?	Will filming be for B-Roll?					
Will filming take place on personal property? Yes No						
INSURANCE COMPANY NAME:	INSURANCE COMPANY NAME:					
INSURANCE AGENT: POLICY NUMBER:						
Please include a copy of the COI (Certificate of Insurance) if this is NOT B-Roll and/or if filming is NOT on personal property.						



LOCATION & SITE PLAN INSTRUCTIONS						
Number of Locations: Will you need to park in metered parking spaces?						
Please attach a Site Plan for each location. The Site Plan must have the following: Include business names and addresses Location of the NO PARKING signs Signs must be posted 48 hours prior to the start time Identify parking meter locations Identify the location of the condors, generator, motor homes, trucks, camera placement, etc. Include the number of vehicles, generators, condors, etc. that will be on location						
BASE CAMP LOCATIONS						
LOCATION #: LOCATION ADDRESS:						
Include Site Plan and <i>If applicable</i> , include Drone Pilots License, Drone Serial Number, Location Agreement, or any other necessary documentation when submitting this application.						
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LOCATION #: LOCATION DETAILS:									
PROOF OF APPROVAL:									
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If applicable, please provide proc	or or approval to film	at spec	citied location by	owner/	manager:				
TYPE OF LOCATION: (i.e. restauran	nt, nightclub, bar, residen	tial, office	e, apartment, etc)						
ADDRESS:		CITY	' :		STATE:	ZIPC	ODE	:	
LOCATION CONTACT NAME:			LOCATION C	ONTAC	T NUMBER:				
Please select ALL filming activ	1	_		_					
Interior Dialogue	Exterior Dialogue Drive-up/Drive		Sidewalk Closure		Full Street Closure	e			
Lane Closure	Away	_	Animals		B-Roll				
Driving w/Traffic	Droning	ш	Backyard Filming		Other				_
ITC/POLICE HOURS:									
Will ITC/Police service be neede						Yes		No	
Please list total hours and attach images	of closure/maps where s	ervice is	needed:						
FILM DATE(S):			FILM TIME(S)	:					



	LC	CATI	ON LIST				
LOCATION #: LOCATION DETAILS:							
EGGATION DETAILS.							
PROOF OF APPROVAL:							1
If applicable, please provide proof of	approval to film a	at spec	ified location by	owner/	/manager:		
TYPE OF LOCATION: (i.e. restaurant, nig	ghtclub, bar, residenti	ial, office	e, apartment, etc)				
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Please select ALL filming activities Interior Dialogue	S: (Check ALL that a Exterior Dialogue	_	Sidewalk Closure	П	Full Street Closure	e	
	Drive-up/Drive Away	_	Animals		B-Roll		
Driving w/Traffic	-		Backyard Filming		Other		
ITC/POLICE HOURS:							
Will ITC/Police service be needed for	r this location?					Yes 🔲	No 🔲
Please list total hours and attach images of clean	osure/maps where se	ervice is	needed:			, ,	,
FILM DATE(S):			FILM TIME(S)	:			



LOCATION #: PROOF OF APPROVAL: If applicable, please provide proof of approval to film at specified location by owner/manager: TYPE OF LOCATION: (i.e. restaurant, nightclub, bar, residential, office, apartment, etc) ADDRESS:			L	OCATI	ON LIST				
PROOF OF APPROVAL: If applicable, please provide proof of approval to film at specified location by owner/manager: TYPE OF LOCATION: (i.e. restaurant, nightclub, bar, residential, office, apartment, etc) ADDRESS: CITY: STATE: ZIPCODE: LOCATION CONTACT NAME: LOCATION CONTACT NUMBER: Please select ALL filming activities: (Check ALL that apply) Interior Dialogue Exterior Dialogue Animals B-Roll B-Roll Driving w/Traffic Droning Backyard Filming Other TIC/POLICE HOURS: Will ITC/Police service be needed for this location? Please list total hours and attach images of closure/maps where service is needed:									
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LOCATION DETAILS:						
PROOF OF APPROVAL:						
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Lane Closure Drive-up/Drive Away		Animals		B-Roll		
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ADDRESS:		CITY	' :		STATE:	ZIPCO	DE:	
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Lane Closure	Away	_	Animals	_	B-Roll			
Driving w/Traffic	Droning	Ц	Backyard Filming		Other			_
ITC/POLICE HOURS:								_
Will ITC/Police service be needed						Yes] No	
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FILM DATE(S): FILM TIME(S):									
	FILM DATE	E(S):			FILM TIME(S)	:			



GUNFIRE/SPECIAL EFFECTS				
	# Takes Per Day	# Times Per Day	Dates	Locations
Gunfire - Automatic				
	# Takes Per Day	# Times Per Day	Dates	Locations
Gunfire – Semi Auto				
Г <u>—</u> Г	# Takes Per Day	# Times Per Day	Dates	Locations
Gun Fire – Single Shot				
	# Takes Per Day	# Times Per Day	Dates	Locations
Breaking Glass				
	# Takes Per Day	# Times Per Day	Dates	Locations
Car Explosion(s)				
	# Takes Per Day	# Times Per Day	Dates	Locations
Fire Ball(s)				
	# Takes Per Day	# Times Per Day	Dates	Locations
Fire Bar(s)				
	# Takes Per Day	# Times Per Day	Dates	Locations
Burning Objects				
[]	# Takes Per Day	# Times Per Day	Dates	Locations
Spark(s)				
	# Takes Per Day	# Times Per Day	Dates	Locations
Other:				
DESCRIPTION OF GUNFIRE: (Detroit P	olice Dept. must be presen	nt for gunfire)		
DECODIDITION OF ODECIAL FEFFOR	C OD DVDOTEOUNI	00.75		
DESCRIPTION OF SPECIAL EFFECT	S OR PYROTECHNI	C5: (Permit must be obta	ined from the Detroit Fir	e Dept.)
DESCRIPTION FOR OTHER:				



ADDITIONAL INFORMATION

DISTRIBUTION PLAN: (i.e. Web, Cable Network)				
LIST OF PARTNERS:				
PROJECT RELEASE DATE	: 			
EQUIPMENT/PERSONNEL				
PREP DATE(S):		PREP TIME(S):		
FILM DATE(S):		FILM TIME(S):		
STRIKE DATE(S):		STRIKE TIME(S):		
HOW MANY WILL YOU HA	AVE?			
Cast/Crew Vehicle	Camera Cars	Semi-Truck	Generator	
Cast	Motor Homes	Condors	Size:	
Crew	Process Trailer	Scissor Lift	Tents/Pop-up	
Extras	Cube Truck	Cranes	Size:	
Beebe Light	Vans	Catering/BBQ	Portable Restrooms	
-				
ADDITIONAL COMMENTS				



AGREEMENT FORM

	ions of this application. The applicant agrees by signing and cant will adhere to the City of Detroit guidelines. This permit
Representative Name	Title
Representative Signature	Date
HOLD HARMLESS AND INDEMNIFICATION:	
any claims (including claims for personal injury and death, arising from Production's use of City property or other assis limited to pre-production, post-production and City-provided or operations. This provision does not indemnify or hold the	s, elected officials, appointed officials and employees, against damage to property, and reasonable outside attorney's fees) stance in connection with the Production, including but not d orientation, training, access to City facilities, and City property e City, its agencies, officers, and employees from claims arising on the part of the City, its agencies, officers, and employees.
I/we hereby affirm that I/we have read and understood the expressed therein.	Hold Harmless and Indemnification and agree to the terms
Authorized Signature-Applicant	Date