



CITY OF CAMDEN  
DEPARTMENT OF CODE ENFORCEMENT |  
*Bureau of License & Inspections* |  
PO BOX 95120, CITY HALL ROOM 220 |  
CAMDEN, NJ 08101-5120  
PHONE: (856) 757-7131 OR 7006 FAX: (856) 342-7168

## **Film Permit Application [C18]**

### **FEE:**

- Basic Filming Permit- \$175.00
- Daily Filming - \$500.00, payable in addition to the basic filming
- Daily Filming Fee: payable for a major motion picture: \$1,500.00 (Please note that this is not a major motion picture but a low-budget music video documentary).
- ❖ Nonprofit: Filming for educational purposes is \$25.00 (no daily filming fee required)

### **INSURANCE REQUIREMENTS:**

Minimum requirements, including the City as additional insured, with proof of insurance and provisions forbidding cancellation as follows:

- For bodily injury to any one person in the amount of \$500,000 and any occurrence in the aggregate amount of \$1,000,000.
- For property damage for each occurrence in the aggregate amount of \$300,000.

*Subject to review by the Office of Risk Management*

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

Production Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Production Company Country: \_\_\_\_\_

### **Project Location & Manager Information (copy of Government issued photo ID)**

Project Title: \_\_\_\_\_

Project Website: \_\_\_\_\_

Location Manager's Name: \_\_\_\_\_

Location Manager's Cell Number: \_\_\_\_\_ office: \_\_\_\_\_

Location Manager's Fax: \_\_\_\_\_

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

Applicant's Name (*if different from above*): \_\_\_\_\_

Proposed Activity: \_\_\_\_\_

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Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_  
(*if applicable*)

Location #3: \_\_\_\_\_  
(*if applicable*)

**Please check all that applies for proposed activity:**

- \_\_\_\_\_ Special Effects/Pyrotechnics
- \_\_\_\_\_ Tents, canopies, or any temporary membrane structure
- \_\_\_\_\_ Low Flying aircraft, stunts, chase scenes
- \_\_\_\_\_ Any activity that will obstruct egress or ingress to buildings
- \_\_\_\_\_ Pedestrian disruptions
- \_\_\_\_\_ Intermittent traffic control
- \_\_\_\_\_ Road closure

**Locator:**

Start Time and Date: \_\_\_\_\_

\_\_\_\_\_

End Time and Date: \_\_\_\_\_

\_\_\_\_\_

Number of Cast & Crew: \_\_\_\_\_

Number of vehicles: \_\_\_\_\_

Off street parking: \_\_\_\_\_

**AFTER REVIEW OF THIS APPLICATION, YOU WILL BE NOTIFIED IF  
UNIFORMED POLICE OFFICERS OR FIREFIGHTERS ARE REQUIRED.  
IF SO, THE APPLICANT IS RESPONSIBLE FOR FEES.**