

**APPLICATION FOR  
MOTION PHOTOGRAPHY PRODUCTION  
CITY OF OCOEE**

Permit No. \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ | Fax: \_\_\_\_\_

Production Schedule:  
(complete below and/or attach separate sheet)

Location	Date & Times	Traffic Control (city services)
A		
B		
C		
D		
E		

Production Activity description for each of the locations listed:  
(complete below and/or attach separate sheet)

A
B
C
D
E

Special Effects (circle)

Stunts: Yes No

Fireworks: Yes No

Temporary Structures: Yes No

Other: \_\_\_\_\_ Yes No

If yes to any of the above, provide a separate attachment describing in detail the special effect to be used in this production.

City Services Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of Ocoee will provide an ESTIMATED cost for extraordinary expense, if any, upon review of this permit application. The City will agree or not agree to provide personnel or equipment for use in the film as to its impact on public safety and welfare.

Parking Required:  
(complete below and/or attach separate sheet)

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

Types of vehicles: \_\_\_\_\_

Estimated Total Length: \_\_\_\_\_

Personnel Totals:

Cast: \_\_\_\_\_ | Crew: \_\_\_\_\_

Attach a separate sheet if the cast and crew are distributed differently per locations and/or dates.

Insurance Certificate (City of Ocoee, Florida named as Additional Insured) (circle)

On file with City: Yes No

Attached to application: Yes No

(City of Ocoee, Florida must be named as Additional Insured)

**Applicants Certification:**


The applicant agrees to abide by the provisions of the City Ordinance (0-05 and all terms, and conditions of this permit and applicable City Codes. In addition, the permit is to be in the possession of the production company at all time while on location and must be presented upon demand by an authorized agent of the City of Ocoee. The person whose signature appears below certifies that he/she is an authorized agent of the applicant and is duly authorized on the applicant's behalf to execute this application.

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

Name & Title (print): \_\_\_\_\_

\*\*\*\*\*  
 BELOW IS FOR CITY USE ONLY!  
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**Departmental Approvals:**

Department	Approval Signature	Date:	 *
Building			
Police			
Engineering			
Fire			
Public Works			
City Manager			

\*  if there are conditions to approve. Attach sheet of conditions to application.

**Contact Information:**

- Building Department (407) 905-3104
- Police Department (407) 656-1313
- Engineering Department (407) 905-3100 Ext. 1505
- Fire Department (407) 905-3100 Ext. 2005
- Public Works (407) 905-3100 Ext. 6001
- City Manager (407) 905-3100 Ext. 1500