



CITY OF MYRTLE BEACH

1101 Oak St. Myrtle Beach, SC 29577 Tel: (843) 918-1366 Fax: (843) 918-1325

Application for Photo/Film/Video Production

Production Company/School Information:

Company/School Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Email: _____

Project Information:

Title of Project: _____		
Type: <input type="checkbox"/> Feature	<input type="checkbox"/> Commercial	<input type="checkbox"/> Music Video
<input type="checkbox"/> TV	<input type="checkbox"/> Documentary	<input type="checkbox"/> Commercial
<input type="checkbox"/> Commercial	<input type="checkbox"/> Music Video	<input type="checkbox"/> Print AD / Magazine
<input type="checkbox"/> Student Still/Film/Video	<input type="checkbox"/> Other	
Total Shoot Days: _____		
Begin Time (am/pm) _____		End Time (am/pm) _____
Requested Location(s) _____		
Detailed description of project and any special requirements _____		

On-Site Contact Location: (Must be on site at time of shoot)

Contact Type: Director Location Manager/Scout Production Manager Other: _____

Name: _____

Phone: _____ Fax: _____

Mobile/Cell: _____ Email: _____

****EACH LOCATION MUST INCLUDE A BASIC SITE PLAN THAT INCLUDES STREETS, INTERSECTIONS AND THE LOCATION OF ALL PRODUCTION ELEMENTS INCLUDING VEHICLES, CONDORS, GENERATORS, TENTS, LARGE SET PIECES, ETC.****

Personnel at this Location:

Number of Cast/Crew: _____

Number of Extras: _____

Is there a possibility for crowds or spectators to gather at this location: Yes No

Amplified Sound:

Do you plan to have amplified sound at this location? Yes No

What type of sound equipment will you use? _____

What type of sounds will be amplified? _____

Start time of amplified sound: _____ End time: _____

****ALL AMPLIFIED SOUND MUST COMPLY WITH THE CITY OF MYRTLE BEACH NOISE ORDINANCE AND UNDER NO CIRCUMSTANCES SHALL CONTINUE LATER THAN 11:00 PM****

Vehicles and Parking: (Any vehicles requesting entry in a park will require a city approved park attendant for an additional fee at all times while you park).

Total Number of Vehicles: _____ Cast/Crew Cars and Vans: _____

Cranes/Condors: _____ Other: (please specify): _____

Do you need to close lanes/streets or rent meters to park production vehicles? Yes No

Type of Equipment

List the type of equipment that will be used: _____

Special Effects Information: (The following activities may require a special permit)

Check All That Apply:

- | | | | | |
|-------------------------------------------|------------------------------------------------|---------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Aerial | <input type="checkbox"/> Animals | <input type="checkbox"/> Candles | <input type="checkbox"/> Cooking on Site | <input type="checkbox"/> Water Effects |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Explosion | <input type="checkbox"/> Fire Effects | <input type="checkbox"/> Gunfire | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Open Campfire | <input type="checkbox"/> Propane | <input type="checkbox"/> Smoke | <input type="checkbox"/> Sparks | <input type="checkbox"/> Stunts |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Tent over 200 St. Ft. | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Confetti | |

Effect Description: _____

****SPECIFICATIONS FOR ALL SPECIAL EFFECTS WILL BE REQUIRED FOR REVIEW BY THE CITY'S FIRE DEPARTMENT****

Transportation Closures

Does your shoot include the full or partial closure of a street, lane sidewalk, or public right of way to vehicular or pedestrian traffic either directly (shot takes place in street) or indirectly (no/not enough marked, legal parking for production vehicles)?

Full Street Closure _____ Parking Lane Closure _____ Sidewalk Closure _____

Partial Street Closure _____ # of Lanes _____ Direction of Lanes _____

of Parking Meters _____

Solid Waste Services

Will you be contracting sanitation services with an outside agency? Yes No

If yes, please **ATTACH** an agreement between your organization and the agencies performing these services. This agreement letter must be submitted on the letterhead of the appropriate agencies responsible and **must** include the following:

Contact information: Name and number of person responsible during event for services

- Number of trash and recycling receptacles provided by the agency
- Date trash and recycling will be removed from event location

If you are requesting this service to be provided by the City's Solid Waste Services Department, you must contact (843) 918-2160 in advance to request an estimate.

In no, please explain clean-up and recycling plan: (If you are using volunteers, please list the numbers procurement of trash and recycling containers, scope of responsibilities, and where trash will be disposed of).

Additional Acknowledgements

To receive a PFV permit, the recipient must agree to all of the terms and conditions set forth in the permit, including without limitation compliance with the following rules:

- City of Myrtle Beach Ordinances and State laws must be followed at all times. Please contact the City of Myrtle Beach Police Department, Lt. Joey Crosby (843) 918-1366 for additional information.
- Fees may apply to services requested in parks outside of normal business/operating hours, and the Permittee must pay said fees at the time of receiving the PFV Permit.
- The Permittee must agree to indemnify the City for damages arising from the shoot.
- The Permittee must obtain \$1 million insurance coverage for the shoot listing the City of Myrtle Beach as the certificate holder. Additional limits may be required to address special or unusual hazards.

Please return to Lt. Joey Crosby at JCROSBY@cityofmyrtlebeach.com or by

Fax to (843) 918-1325

Signature _____

Name _____ Date _____

Office Use Only

Application #: _____ Date Received: _____ Total Fees Collected: _____

Date of Approval: _____ Date of Denial: _____ Reviewed By: _____

Additional Stipulations of Approval: _____

City Administrator: _____ Date: _____