



## 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: <input type="checkbox"/> Director <input type="checkbox"/> Location Manager/Scout <input type="checkbox"/> Production Manager <input type="checkbox"/> 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        |

☐ Tent                      ☐ Tent over 200 St. Ft.                      ☐ Pyrotechnics                      ☐ 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 Special Events Coordinator at (843) 918-1976 for 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 form to MCpl. Johnson at [gjohnson@cityofmyrtlebeach.com](mailto:gjohnson@cityofmyrtlebeach.com)

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: _____                                      |