



Date of Application:
Permit #

CITY OF FREMONT
 FILM PERMIT APPLICATION
 402-727-2630 (O)
 402-727-2667 (F)
 www.jean.kaup@fremontne.gov

New Application Revised Request

Project Title:	
Production Company:	
Office Address:	
Office Number:	Office Fax Number:
Location Manager:	Cell Number:
Assistant Location Manager:	Cell Number:

Film Location Address:	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	Prep: (Date & Time)	Wrap: (Date & Time)
		Begin Filming (Date & Time)	End Filming (Date & Time)

(Filming Dates/Times must reflect the moment production will arrive at the filming location (i.e. setup) and the time the last production vehicle leaves.)

Location of Base Camp (Cannot be on streets)	Move In (Day, Date & Time)	Move Out (Day, Date & Time)
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Provide a Brief Description of the Scene Below

Caterer: _____	Phone Number: _____
Craft Services: _____	Phone Number: _____
** You must ensure that both entities have the necessary permits **	

Intermittent Traffic Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(ITC cannot exceed 5 minutes)
On _____	From _____	To _____ EB / WB / NB / SB
Street Name _____	Street Name _____	Street Name _____
On _____	From _____	To _____ EB / WB / NB / SB
Street Name _____	Street Name _____	Street Name _____

Street Closure	<input type="checkbox"/> Yes <input type="checkbox"/> No
On _____	From _____ To _____ EB / WB / NB / SB
Street Name _____	Street Name _____ Street Name _____
On _____	From _____ To _____ EB / WB / NB / SB
Street Name _____	Street Name _____ Street Name _____

SPFX?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:

Number of Cast & Crew at location: _____ Number of Fremont Police Dept. Officers: _____

Department Signatures

Permit # _____

All required signatures must be attained to become a permit

ENGINEERING/PLANNING DEPARTMENT

402-727-2636

Municipal Building 3rd Floor 400 E. Military Ave. Fremont, NE 68025	_____	
	Construction Coordinator	Date
Barricade Permit	N/A	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Permit Fee \$ <input type="text"/>
Comments		

PARKS DEPARTMENT

402-727-2630

Fremont Parks Department 400 E Military Ave Fremont, NE 68025	_____	
	Park Supervisor	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments		

FILM OFFICE

402-727-2630

Fremont Municipal Building 400 E Military Ave., Second Floor Fremont, NE 68025	_____	
	Film Liaison	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments		

SOLID WASTE

	Solid Waste Representative	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments		

Department Signatures

Permit # _____

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FIRE MARSHAL

402-395-2164

State Fire Marshal - District B 438 W Market Albion, NE 68620	_____ Fire Marshal's Office	_____ Date
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Emergency Access Lane	<input type="checkbox"/> N/A	<input type="checkbox"/> Required
Fire Hydrant Access	<input type="checkbox"/> N/A	<input type="checkbox"/> Required
Special Cooking Arrangements	<input type="checkbox"/> N/A	<input type="checkbox"/> Required
Fire Extinguishers Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standby Emergency Team Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Rescue
		<input type="checkbox"/> Pumper
Special Considerations	<input type="checkbox"/> Elderly	<input type="checkbox"/> Handicap
Comments		

FREMONT POLICE DEPARTMENT

402-721-2685

Fremont Police Department 725 N. Park Ave. Fremont, NE 68025	_____ Police Chief	_____ Date
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments		

FREMONT FIRE DEPARTMENT

402-721-2688

Fremont Fire Department 415 E 16th St. Fremont, NE 68025	_____ Fire Chief	_____ Date
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments		

