



FILM & PHOTOGRAPHY PRE-APPLICATION FORM

Project Number: \_\_\_\_\_

Location Company / Applicant: \_\_\_\_\_ Contact: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_

Film Company: \_\_\_\_\_ Contact: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Email Address: \_\_\_\_\_

Project Title: \_\_\_\_\_ Type of Production: \_\_\_\_\_
Description of Project: \_\_\_\_\_ Total Personnel: \_\_\_\_\_

Parking Plan on file: [ ] Yes [ ] No
Parking Address Staging Address

Size, Type and Number of Trucks

Box Trucks: \_\_\_\_\_ Catering Trucks: \_\_\_\_\_ Flatbed/Semi Trucks: \_\_\_\_\_ Pick-up Trucks: \_\_\_\_\_

Other Vehicles

Cars: \_\_\_\_\_ Vans: \_\_\_\_\_ Motor Homes: \_\_\_\_\_ Other Vehicles: # \_\_\_\_\_ / Type: \_\_\_\_\_
Generator: [ ] Yes [ ] No Generator Type: \_\_\_\_\_

Lighting

Type of Lighting: \_\_\_\_\_ Description of Use: \_\_\_\_\_ Location of Use: \_\_\_\_\_ Hours of Use: \_\_\_\_\_

Helicopter: [ ] Yes [ ] No Pyrotechnics: [ ] Yes [ ] No Special Effects: [ ] Yes [ ] No Gunfire: [ ] Yes [ ] No

Sound: [ ] Yes [ ] No Road Closure: [ ] Yes [ ] No Fog Machine: [ ] Yes [ ] No Police: [ ] Yes [ ] No

Indemnification: [ ] Insurance: [ ] Expiration Date: \_\_\_\_\_ FX Pyro Coverage: [ ] Yes [ ] No

Please list ALL locations in Marana to be used in production (attach additional sheets if necessary). Provide complete answers for every question, and print or type legibly. List ALL vehicles and equipment including quantity and types involved. Clearly indicate location of staging area for parking off county roadways and shoulders. A Parking Plan/Road Closure Plan is required for each affected location.

Completed forms may be faxed to: (520) 382-1902 or emailed to: Filmpermits@maranaaz.gov

1.

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

2.

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

3.

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

4.

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

5.

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

Describe any assistance requested of Town Personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL EFFECTS/PYROTECHNICS:** If applicable, complete this section:

Describe special effects to be used: \_\_\_\_\_

Pyrotechnics:

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ License No.: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ License No.: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**TRAFFIC CONTROL**

A Traffic Control Plan must indicate vehicle/pedestrian traffic control, detour routes and directional signs, the time periods of the closure for any street, sidewalk, alley, right-of-way, parking lot or other public access area. Notice of the closure must be posted 72 hours prior to event with appropriate Uniform Traffic Control Devices. **Attach a map of the route or area and Traffic Control Plan by Certified Barricade Company. An ADOT Permit (with 60 days advanced notice) may be required on certain streets. IE: I-10 Frontage Road**

Will barricades be set up and removed from Town streets?  Yes  No

Setup time: \_\_\_\_\_ Removal time: \_\_\_\_\_

Barricade Company: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Approvals: \_\_\_\_\_ Airport \_\_\_\_\_ Events

\_\_\_\_\_ P & D \_\_\_\_\_ Parks \_\_\_\_\_ Fire \_\_\_\_\_ Roads \_\_\_\_\_ P.D.



**REQUIRED ECONOMIC REPORTING FORM**

Email: [Lcortelyou@maranaz.gov](mailto:Lcortelyou@maranaz.gov)

Telephone: (520) 382-1988

**(A) Contact Name for Final Economic Impact Reporting:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In order to report back to Town and County jurisdictions on the economic impact of local media production, we require productions to provide basic information on shoots.

Make a copy of this form. Please fill out section "A" for the initial submission of the application for a permit. You will send the full application to the Marana Film Office at the same time.

No more than ten business days after completion of Marana production activities, complete section "B", below, and fax or email to the above contact. Reported information will remain confidential.

**(B) Economic Reporting (USD):**

#Room Nights in Marana Hotels (# of crew x number of nights): \_\_\_\_\_

Name of Marana Hotels: \_\_\_\_\_

Rate Paid at Hotel (s): \_\_\_\_\_

**Pima County Crew Hires:**

Total # Hires: \_\_\_\_\_

Total # Days worked: \_\_\_\_\_

**Pima County Cast Hires:**

Total # Hires: \_\_\_\_\_

Total # Days worked: \_\_\_\_\_

**Post Production costs to be spend in Pima County:**

Hired Vendors: \_\_\_\_\_

**Feedback:**

Please let us know if you had a positive experience filming in Marana, or how we can better serve your next Production. Thank you.

\_\_\_\_\_

\_\_\_\_\_