ORANGE TOWNSHIP

EVENT APPLICATIONS

FILMING

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City of Orange Township
29 North Day Street
Orange, New Jersey 07050
Ph: 973-952-6086
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Event: _____

OFFICIAL PERMIT NUMBER: _____

This permit is issued to the applicant to film or televise on public streets and/or private property within the City of Orange Township. The permit must be in the possession of the applicant during time of the event. The permit fee is $500 per day as established by Ordinance #5-2007.

NOT VALID UNLESS SIGNED BY MEMBER OF FILM COMMISSION APPLICATION NOT ACCEPTED UNLESS TYPED.

DATE: _____

1. Company Name: _____
2. Contact: _____
3. Address: _____
4. Location: (If more than 2 sites, use Schedule "A") _____

   _____

   _____
5. Dates of Filming: _____ Approximate Time: _____

   _____ Approximate Time: _____
6. Scene to be filmed must be described accurately: _____

   _____
7. Animals, firearms, special effects or unusual scenes: _____

   _____
8. List Production Equipment: _____

   _____
9. Number of members in crew: _____

10. List all vehicles & plate numbers: _____
    Feature Film_____ TV Movie_____ TV Special _____TV Series_____

    Other_____ (give title, producer, director and identify celebrities) _____

    _____

    _____

    List of equipment that will be placed on the streets:_____

    _____

11. If TV commercial, name of product: _____

12. Liability Insurance Company, Policy # and Contact
    Agent:_____

    _____

Amount: ($500 x # Days) _____ Expiration Date: _____

The applicant agrees to indemnify the City of Orange Township and to be solely and absolutely liable upon any and all claims, suits and judgments against the Township and/or the applicant for personal injuries and property damages arising out of or occurring during the activities of the applicant, his (its) employees or otherwise. The applicant further agrees to company with all pertinent provisions of New Jersey laws, Rules and Regulations. This permit may be revoked at any time.

_____
Date

_____
Signature and Title

_____

DO NOT WRITE BELOW THIS LINE

Approved by this
_____day of _____ 20_____

_____
Member, film Commission

NAME OF GROUP:

_____

DATE OF EVENT

_____

STREET CLOSURE NOTIFICATIONS

EVENT: _____

For Office Use Only

AGENCY NOTIFICATION	PHONE NUMBER	DATE NOTIFIED	NOTIFICATION TAKEN BY
Orange Fire Dept.	**973-952-6129** **Fax 973-678-6515**		
Orange Department of Public Works	**973-952-6078** **Fax 973-266-4029**		
Patrol Commander	**973-266-4111 ext. 5041**		

THE UNDERSIGNED HEREBY PETITION THE CITY OF ORANGE TO CLOSE

_____

(STREET)

BETWEEN _____ AND _____

FOR FILMING TO BE HELD ON

_____

(DATE)

FROM _____ UNTIL _____

(TIME) (TIME)

E-MAIL CONTACT: _____ OPTIONAL

THE UNDERSIGNED ARE THE RESIDENTS OF THAT BLOCK AND ADJACENT TO IT.

NAME (PRINT CLEARLY) ADDRESS PHONE #

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

PHONE NUMBERS AND ADDRESSES ARE REQUIRED

NAME OF GROUP _____ DATE OF EVENT _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

YOU MUST PROVIDE THE ADDRESSES OF RESIDENTS THAT DO NOT SUPPORT A STREET CLOSING.

NOTE: VACANT ADDRESSE INCLUDE CORNER

SPECIAL EVENT ROUTING SHEET

Name Production Company: _____

Name of Film: _____

Date of Event: _____ Time of Event: _____

****

Division of Health: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Recreation: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Fire: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Police: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Public Works: _____ Date Rec. _____ Date Returned: _____

Comments: _____

_____

Department of Administrator: _____ Date Rec. _____ Date Returned: _____

Comments: _____

Department of Planning: _____ Date_____ Date Returned_____

Comments_____