



CITY OF ALBUQUERQUE FILM PERMIT APPLICATION

THE CITY OF ALBUQUERQUE FILM PERMIT HAS BEEN DESIGNED TO OFFER INFORMATION ABOUT ACTIVITIES THAT AFFECT THE RIGHT OF WAY OR THE CITY'S ABILITY TO PROVIDE EMERGENCY SERVICES TO THE PUBLIC. FILMING REQUIRES THE APPROVAL AND/OR ADDITIONAL PERMITS OF CITY DEPARTMENTS BEFORE IT CAN TAKE PLACE. IT IS UP TO THE APPLICANT TO CONFORM TO THE CURRENT LAWS AND REQUIREMENTS AND ASSURE THAT THE FILMING HAS ALL THE NECESSARY PERMITS AND REMAINS IN COMPLIANCE THROUGHOUT THE ENTIRE EVENT. FAILURE TO COMPLY WITH THE REQUIREMENTS SUGGESTED BY THE CITY DEPARTMENTS CAN RESULT IN A SHUT DOWN OF THE FILMING WITH POSSIBLE LEGAL RAMIFICATIONS. A LOCATION AGREEMENT, CERTIFICATE OF INSURANCE AND SHOOTING SCHEDULE MUST BE INCLUDED WITH THE *FILM PERMIT* WHEN REQUIRED BY THE FILM OFFICE.

PERMIT STEPS:

1. OBTAIN LIABILITY INSURANCE IN THE AMOUNT OF 1 MILLION DOLLARS NAMING THE CITY OF ALBUQUERQUE AS ADDITIONALLY INSURED
2. FILL OUT THE APPLICATION ON PAGE 1.
3. SIGN THE DECLARATION SECTION ON PAGE 8.
4. ATTACH A LIST OF SIGNATURES, ADDRESSES AND PHONE NUMBERS OF SURROUNDING BUSINESSES AND/OR RESIDENTS.
5. ATTACH A DESCRIPTION AND A SKETCH OR TRAFFIC CONTROL PLAN OF THE FILM SITE AND/OR ROUTE.
6. CALL THE FILM OFFICE AT 768-3289 TO SCHEDULE A MEETING TO HAVE YOUR APPLICATION REVIEWED AND SIGNED
7. YOU MAY ALSO NEED TO OBTAIN THE FOLLOWING PERMITS:
 - a. BARRICADE PERMIT
 - b. NOISE PERMIT
 - c. TENT PERMIT
8. ONCE ALL OF THE NECESSARY PERMIT SIGNATURES ARE ACQUIRED, THIS APPLICATION BECOMES THE FILM PERMIT.

NOTE: A COPY OF THIS APPLICATION IS RETAINED BY THE FILM OFFICE TO RESPOND TO ALL PUBLIC INQUIRIES. THE APPLICANT SHALL RETAIN THE ORIGINAL SIGNED PERMIT AT ALL TIMES ON-SITE DURING FILMING.



DATE OF APPLICATION:
PERMIT #

**CITY OF ALBUQUERQUE
FILM PERMIT APPLICATION**
505.768.3289 (O)
505-768-3280 (F)
WWW.CABQ.GOV/FILM

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	FROM: (DAY, DATE & TIME) TO: (DAY, DATE & TIME)
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(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)
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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 CONTACT CABQ ENVIRONMENTAL HEALTH FOR PERMITS** 768-2638**

INTERMITTANT TRAFFIC CONTROL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (ITC IS BETWEEN 3-5 MINUTES ONLY)
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:

BAGGING METERS? PROVIDE METER NUMBERS AND/OR LOCATIONS:

NUMBER OF CAST & CREW AT LOCATION: _____ NUMBER OF CHIEF'S OVERTIME: _____

DEPARTMENT SIGNATURES
ALL REQUIRED SIGNATURES MUST BE ATTAINED TO BECOME A PERMIT

PERMIT # _____

DEPARTMENT OF MUNICIPAL DEVELOPMENT

505-924-3407

PLAZA DEL SOL 600 2ND ST. NW 4TH FLOOR, SUITE 400 ALBUQUERQUE, NM 87102	_____	CONSTRUCTION COORDINATOR	DATE	
	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED
BARRICADE PERMIT:	N/A	REQUIRED	PERMIT FEE	\$ <input type="text"/>
COMMENTS:				

TRANSIT

505-331-5667

ABQ RIDE ALVARADO TRANSPORTATION CENTER 100 1ST SW, 2ND FLOOR ALBUQUERQUE, NM 87102	_____	ABQ RIDE OPERATIONS SUPERVISOR	DATE	
	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED
COMMENTS:				

FILM OFFICE

505-768-3289

ONE CIVIC PLAZA 3RD FLOOR, ROOM 3047 ALBUQUERQUE, NM 87102	_____	FILM LIAISON	DATE	
	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED
COMMENTS:				

PARKING DIVISION

505-924-3950

PLAZA DEL SOL 600 2ND ST, NW 5TH FLOOR SUITE 510	_____	PARKING DIVISION MANAGER	DATE	
	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED
COMMENTS:				

NEIGHBORHOOD ASSOCIATION/OTHER

CONTACT THE OFFICE OF NEIGHBORHOOD COORDINATION FOR NEIGHBORHOOD ASSOCIATION INFORMATION	REPRESENTATIVE	DATE
COMMENTS:		

OFFICE OF NEIGHBORHOOD COORDINATION 505-924-3912

PLAZA DEL SOL 600 2ND ST. NW BASEMENT, SUITE 120 ALBUQUERQUE, NM 87102	ONC REPRESENTATIVE	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
COMMENTS:		

FIRE MARSHALL 505-764-6300

724 SILVER SW ALBUQUERQUE, NM 87102	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 EXTINGUISHER'S 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:		

DEPARTMENT SIGNATURES
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PERMIT # _____

ALBUQUERQUE POLICE DEPARTMENT

SOUTHEAST AREA 800 LOUISIANA SE 505-256-2050	NORTHEAST AREA 8201 OSUNA NE 505-823-4455	_____ AREA COMMANDER, APD		DATE
VALLEY AREA 5408 2ND ST. NW 505-761-8800	FOOTHILLS 12800 LOMAS NE 505-332-5240	WESTSIDE 5404 LOS VOLCANES 505-831-4705	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COMMENTS: _____ _____ _____				

ALBUQUERQUE POLICE DEPARTMENT / TRAFFIC

505-857-8421

TRAFFIC COMMANDER 7520 CORONA AVE., NE ALBUQUERQUE, NM 87112	_____ TRAFFIC COMMANDER, APD		DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
COMMENTS: _____ _____ _____				

CHIEF'S OVERTIME

505-768-2380

400 ROMA NW ALBUQUERQUE, NM 87102	_____ CHIEF'S OVERTIME COORDINATOR		DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
COMMENTS: _____ _____ _____				

ALBUQUERQUE POLICE DEPARTMENT, CHIEF'S OFFICE

505-768-2200

400 ROMA NW ALBUQUERQUE, NM 87102	_____ CHIEF OF POLICE/APD		DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
COMMENTS: _____ _____ _____				

DEPARTMENT SIGNATURES
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PERMIT # _____

ENVIRONMENTAL HEALTH DEPARTMENT

505-768-2638

ONE CIVIC PLAZA, ROOM 3023
ALBUQUEQUE, NM 87102

EHD REPRESENTATIVE/ FOOD DATE

APPROVED DENIED

TEMPORARY FOOD ESTABLISHMENT N/A REQUIRED

NOISE PERMIT N/A REQUIRED

LIQUID WASTE N/A REQUIRED

GREASE CONTAINERS N/A REQUIRED

CHEMICAL TOILETS N/A REQUIRED

COMPANY NAME: _____ CONTACT #: _____

NUMBER OF FOOD / DRINK VENDORS / DISPENSERS AT THIS EVENT: _____

COMMENTS:

SOLID WASTE

505-761-8349

4600 EDITH NE
ALBUQUERQUE, NM 87107

SOLID WASTE REPRESENTATIVE DATE

APPROVED DENIED

COMMENTS:

