



FILM RIGHT OF WAY ENCROACHMENT PERMIT

APPLICANT

Company and/ or Subcontractor		Applicant Name	
Mailing Address	Suite/Apt#	City, State	Zip Code
Phone Number	Email		

PROJECT INFO

Project Address	Suite/Apt#	City, State	Zip Code
Property Owner (if on private property)	Owner phone#	Owner Email	
24-Hour Emergency Contact Name	24-Hour Emergency Contact Phone#		

TYPE OF ENCROACHMENT (select all that apply)

Lane Closure

Sidewalk Closure

Describe the conditions of the closure. (i.e. Production vehicles will be parked on the lane or a scene will be filmed in the lane)

How many lanes will be closed?

Which lanes will be closed? (i.e. Right turn lane)

Is the proposed encroachment associated with an open permit (building, demolition, land disturbance permit, etc.)?

Yes No

If yes, please provide permit number.

PROJECT DESCRIPTION

PROPOSED PROJECT DATES

Start Date Finish Date

LANE/SIDEWALK CLOSURE ONLY

Lane Closure
 Sidewalk Closure

Describe the conditions of the closure. (i.e. Production vehicles will be parked on the lane or a scene will be filmed in the lane)

How many lanes will be closed?

Which lanes will be closed? (i.e. right turn lane)

Is the proposed encroachment associated with an open permit? (i.e. building, demolition, land disturbance, etc.) Yes No

SIGNATURE OF APPLICANT

Signature Date

SIGNATURE OF PROPERTY OWNER (IF ON PRIVATE PROPERTY)

Signature Date