

## FILMING/PHOTO PERMIT CHECKLIST

### 175 East 200 North, St. George, Utah 84770

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Complete applications must be submitted to the City forty-five (45) days prior to filming. Applications submitted to the City less than forty-five (45) days will not be accepted by the City.

- 1. Complete Filming/Photo Permit Application.
- 2. Detailed Event Site Plan. Must include Street Names, Placement of Barricades, Road/Sidewalk Closures, etc.
- 3. Proof of Insurance naming the City of St. George as additional insured. Insurance is required when the event is held at a City Facility, Park, Road Closure or Sidewalk Closure. *(Please see the example insurance certificate for amounts of coverage and language required to be on the insurance certificate.)*
- 4. Proof of Park Reservation (<https://www.sgcity.org/parkreservations/>) or City Facility Reservation, if applicable.
- 5. Encroachment Permit Application and Plan. Submit online application <https://www.sgcity.org/encroachment/> *(Required for Road/Sidewalk Closures, 435-627-4058)*
- 6. Written Authorization from the Property Owner when filming on Private Property.
- 7. City Use Agreement *(Is required for the use of all City properties. City will provide the Agreement when film permit is approved.)*
- 8. Applicable Fees.
- 9. Other Requirements: \_\_\_\_\_

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### Review Process Information

The applicant will be contacted by the City with comments/concerns. Comments/concerns of the City must be resolved by the applicant prior to the City Manager approving the Film/Photo Permit. Questions, please contact Emilie Pinkelman at 435-627-4712 or by e-mail at [events@sgcity.org](mailto:events@sgcity.org) or [emilie.pinkelman@sgcity.org](mailto:emilie.pinkelman@sgcity.org).

Date Received Application: \_\_\_\_\_

Permit No: \_\_\_\_\_

Insurance Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

# FILMING/PHOTO PERMIT APPLICATION



City of St. George Special Events  
175 East 200 North  
St. George, UT 84770

Phone: 435-627-4712  
E-mail: [events@sgcity.org](mailto:events@sgcity.org)

## APPROVALS:

City Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Fire: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of approval:  
\_\_\_\_\_

Police: Please see the Security Plan Request Application for approval and conditions.

Other Staff Approval: \_\_\_\_\_

Date: \_\_\_\_\_ Rev. 9-19-19

### PROJECT TITLE:

**Applicant's Name/Location Mgr:** \_\_\_\_\_

**Production Company:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell/Other:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**ONSITE CONTACT** *(if different than applicant):* \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell/Other:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**LOCATION/TYPE** *One application and processing fee per three (3) locations. List all three. Provide description.*

**A:** \_\_\_\_\_

**B:** \_\_\_\_\_

**C:** \_\_\_\_\_

**Type of Production** *(check all that apply):*

- |                                     |                                      |                                       |  |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> TV Movie   | <input type="checkbox"/> TV Series   | <input type="checkbox"/> Feature Film | <input type="checkbox"/> Still Photography | <input type="checkbox"/> Student Film |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Infomercial | <input type="checkbox"/> TV Special   | <input type="checkbox"/> Reality TV        | <input type="checkbox"/> Documentary  |
| <input type="checkbox"/> Short Film | <input type="checkbox"/> PSA         | <input type="checkbox"/> Educational  | <input type="checkbox"/> Industrial        | <input type="checkbox"/> Corporate    |
|                                     |                                      | <input type="checkbox"/> Other:       |  |                                       |

### PROJECT DATES

**Shooting Date(s):** \_\_\_\_\_

**Start time:** \_\_\_\_\_

**End time:** \_\_\_\_\_

**Is this a recurring event?** \_\_\_\_\_

**If yes; daily, weekly or other?** \_\_\_\_\_

### CANVASSING & PERMISSION SIGNATURES

You must provide written notification and collect signatures of all residents and businesses affected by filming.

**Date(s) Canvassing:** \_\_\_\_\_

**Area Canvassed:** \_\_\_\_\_

Please send/attach copy of signatures to the Special Events office

by mail: 175 E. 200 N., St. George, UT 84770 -OR- by email: [events@sgcity.org](mailto:events@sgcity.org)



**CITY OF ST. GEORGE FILMING / PHOTO PERMIT APPLICATION**

**SCENE / SETUP SUMMARY**

PLEASE SUMMARIZE YOUR SCENE & FILMING SETUP IN DETAIL.

*Please include any elements of your event that will help our review committee.*

<b>Location:</b>		
<b>Date(s):</b>	<b>Start time:</b>	<b>End time:</b>

**CITY OF ST. GEORGE FILMING / PHOTO PERMIT APPLICATION**

**DETAILED SITE MAP**

PLEASE INCLUDE OR ATTACH A DETAILED SITE PLAN. COMPUTER OR HAND-DRAWN SITE PLANS ARE APPROPRIATE.  
Your map should include:

- The names of streets, placement of barricades, road closures, ITC, etc.
- Placement of equipment, cast and crew
- Parking areas for all vehicles, cast, crew and extras
- Specifics for road closures, ITC, meters, barricades, etc.

<b>Location:</b>		
<b>Date(s):</b>	<b>Start time:</b>	<b>End time:</b>

Date Received: \_\_\_\_\_

Permit No: \_\_\_\_\_

Police Approved: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**Approval with Comments:**

# SECURITY PLAN APPROVAL REQUEST FORM



**St. George**  
THE BRIGHTER SIDE

Rev. 0.10.10

All questions must be answered completely or application will not be considered. Please allow TEN (10) days for approval. Together with this application, please provide a written Security Plan including names of all security personnel.

**FILMING/PHOTO Project Title:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Hours of Event:** \_\_\_\_\_

**Number of Expected Attendance:** \_\_\_\_\_

**Occupancy Load:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell/Other:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

- Security Personnel must be 21 years old or older;
- A Security Director must be onsite at all times with a cell phone;
- Shirts or Vests must look the same. "SECURITY" must be stated on the shirt or vest so it is visible to the public and the Police Department.

**Please check applicable Security:**

The following will allow for the calculation of security required. The calculations will change depending on the type of event.

- |   |                                |                        |
|---|--------------------------------|------------------------|
| <input type="checkbox"/> Police Officers                              | <b>2 Police Officers per</b>   | <b>1 to 300 People</b> |
| <input type="checkbox"/> Security Officers in Uniform                 | <b>3 Security Officers per</b> | <b>1 to 300 People</b> |
| <input type="checkbox"/> Private Citizens in Security Shirts or Vests | <b>4 Private Citizens per</b>  | <b>1 to 300 People</b> |

**Name of On-site Security Director:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Comments:**

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of the Special Event Permit. I also understand that the Police Department may require additional information as permitted by Ordinance, and also agree to supply the same.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# SECURITY PLAN INFORMATION

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1. Please list the names of the security personnel, age, and cell phone number:

First	Last	Age	Cell Phone Number

2. Please indicate the number of security personnel that will be roaming on the premises of the event: \_\_\_\_\_.

3. Please provide a detailed Security Plan:

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4. Please mark on the site plan the locations of each security person:

