



Town of Wrightsville Beach
321 Causeway Drive, PO Box 626
Wrightsville Beach, NC 28480
(910) 256—7900

FILM PERMIT APPLICATION

OFFICE USE ONLY

Permit Approved By: _____ Date: _____

Security Deposit: Amount _____ Date Received: _____ Date Returned: _____

Total Permit Fees: Amount _____ Invoice Date: _____ Payment Received: _____

Certificate of Insurance Required? _____ YES _____ NO Date Received: _____

Police, other TOWB support requested? _____ YES _____ NO Completed contract for services received? _____

Additional notes: _____

Each filming location requires a separate permit. Amendments will not be made to permits less than 72 hours prior to permitted time.

Name of Project: _____

Production Company: _____

Address: _____

Contact Person: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Production Type: Feature Film _____ TV Movie _____ TV Series _____ Commercial _____

Other (describe): _____

Film Location: _____

Filming Date: _____ Hours: _____ am / pm to _____ am / pm

Prep/Wrap Requirements Outside Listed Time? Yes _____ No _____ Please explain: _____

Alternate Filming Date: _____

Describe Scene: _____

Number in Cast: _____ Number in Crew: _____ Number of Extras: _____

Proposed Base Camp Location: _____

Proposed Location for Equipment Parking: _____

Proposed Crew/Cast Parking Location: _____

Proposed Catering Location: _____

