



Date of Application:
Permit #

CITY OF FREMONT  
 FILM PERMIT APPLICATION  
 402-727-2630 (O)  
 402-727-2667 (F)  
 angie.olson@fremontne.gov

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	Prep: (Date & Time)	Wrap: (Date & Time)
		Begin Filming (Date & Time)	End Filming (Date & Time)

**(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)	Move in (Day, date, & time)	Move in (Day, date, & time)
Provide a Brief Description of the Scene Below		

Cater: _____	Phone number: _____
Craft Services: _____	Phone number: _____
<b>** You must ensure that both entities have the necessary permits **</b>	

Intermittent Traffic Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(ITC cannot exceed 5 minutes)
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:

Number of Cast & Crew at location: \_\_\_\_\_

Number of Fremont Police Dept. Officers: \_\_\_\_\_

Department Signatures  
 All required signatures must be obtained to become a permit

Permit # \_\_\_\_\_

ENGINEERING/PLANNING DEPARTMENT

402-727-2636

Municipal Building 3rd Floor 400 E. Military Ave. Fremont, NE 68025	_____ Construction Coordinator	_____ Date
Barricade Permit      N/A Comments	Approved Required	Denied Permit Fee \$

PARKS DEPARTMENT

402-727-2630

Municipal Building 400 E Military Ave, 2 <sup>nd</sup> Floor Fremont, NE 68025	_____ Park Supervisor	_____ Date
Comments	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

FILMOFFICE

402-727-2630

Municipal Building 400 E Military Ave, 2 <sup>nd</sup> Floor Fremont, NE 68025	_____ Film Liaison	_____ Date
Comments	<input type="checkbox"/> App oved	<input type="checkbox"/> Denied

SOLID WASTE

_____ Solid Waste Representative	_____ Date
Comments	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Department Signatures  
 All required signatures must be attained to become a permit

Permit # \_\_\_\_\_

FIREMARSHAL

402-395-2164

State Fire Marshal - District B 438 W Market Albion, NE 68620	_____ 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 Extinguishers 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		

FREMONTPOLICEDEPARTMENT

402-721-2685

Fremont Police Department 725 N. Park Ave. Fremont, NE 68025	_____ Police Chief	_____ Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Denied
Comments		

FREMONTFIREDEPARTMENT

402-721-2688

Fremont Fire Department 415 E 16th St. Fremont, NE 68025	_____ Fire Chief	_____ Date
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments		

