



CITY OF KENT FILM PERMIT FORM

301 S. Depeyster Street, Kent, OH 44240

Application for filming in the City of Kent

Contact patti.long@kentohio.gov

330-676-7500

APPLICANT INFORMATION			
Request By:		Project Name:	
Company:	Phone:	Email:	
Address:			
City:	State:	ZIP Code:	
Applicant's Signature:			
PRODUCTION CONTACT INFORMATION			
Project Manager:		Phone:	Email:
Location Manager:		Phone:	Email:
Director:		Phone:	Email:
Production Manager:		Phone:	Email:
DATE(S) (for more dates, attach separate page)		LOCATION(S) (list street names)	
1.		1.	
2.		2.	
TIME(S)	SET UP	START	END
1.			
2.			
TYPES OF ACTIVITIES PLANNED AND FACILITIES/EQUIPMENT USED			
Detail:			
CHECK IF YOU PLAN TO USE THE FOLLOWING: (ADDITIONAL PERMITS/MAY BE REQUIRED)			
<input type="checkbox"/> Public Street or Other Right-of-Way (Include map of area)		<input type="checkbox"/> Existing Private Buildings (Include addresses above & must secure permission from property owner)	
<input type="checkbox"/> Sidewalks		<input type="checkbox"/> Government Buildings (specify location above)	
<input type="checkbox"/> Fake Weapons (Identify above)		<input type="checkbox"/> Tent/Canopies (400 sq. ft. or larger)	
<input type="checkbox"/> Animals		<input type="checkbox"/> Temporary Electric, Generators or Lighting	
<input type="checkbox"/> Public Park (Name which park)		<input type="checkbox"/> Bodies of water (rivers, lakes, pools)	
OFFICE USE ONLY			

Received By _____ Date _____

Types of Permits/Approvals Needed: (Check all that apply):

No Permit Needed	_____	Bagged Meter Permit	_____
Film Permit	_____	Parks & Rec Dept. Approval	_____
Street Assemblage Permit	_____	Fire Dept. Approval	_____
Special Event Permit	_____	Police Dept. Approval	_____
Temporary Parking/Use Permit	_____	Building Dept. Approval	_____

\$100 Bond Received _____ Yes _____ No _____ N/A

General Liability Insurance on File _____ Yes _____ No _____ N/A Approved _____ Date _____

Film Permit Approved _____ Yes _____ No City Manager _____ Date _____