

**STATE OF CONNECTICUT**

**Film, Television & Digital Media Production**

**PERMIT APPLICATION**

**NOTE: This Permit Application  is only for properties owned by the State of Connecticut.**

**filmPermit@ct.gov**

(Pursuant to Public Act No. 16-200)

This application is used to request authorization from the State of Connecticut for a permit to film or take photographs on property owned by the State of Connecticut including but not limited to all state roads and highways, railroads and rail stations, state forests and parks, airports, and seaports, hospitals and all the campuses of the public institutions of higher education and any other state owned real or personal property except courthouses and Judicial Branch facilities.

The Office of Film, Television & Digital Media will serve as your liaison to the relevant state agencies with regard to state regulations, insurance requirements and location fees.

The Office of Film, Television & Digital Media will also assist your production in obtaining the needed permits and permissions from the state’s 169 municipalities.

**To begin the application process please contact:**

**Mark Dixon**

Location Services

Office of Film, Television & Digital Media

Connecticut Department of Economic & Community Development

450 Columbus Boulevard, Suite 5

Hartford, CT 06103-1843

Phone: 860-500-2318

Email: mark.dixon@ct.gov

**STATE OF CONNECTICUT**

 *Application No*. Click here to enter text.

 *(Film Office use only)*

**Film, Television & Digital Media Production**

**PERMIT APPLICATION**

|  |  |
| --- | --- |
| Date: | enter date. |
| Applicant Name: |  |
| Applicant Title: | enter text. |
| Applicant Company:  | enter text. |
| Business Address: | enter text. |
| City | enter text. State: enter text. Zip Code: enter text. |
| Phone: | enter text. Email: enter text. |
| Website | enter text. |
| **Type of Production:** |
| [ ]  Feature Film[ ]  TV Production[ ]  TV Commercial | [ ]  Documentary[ ]  Still Photography[ ]  Short Film | [ ]  Digital Media[ ]  Student Project |
| Name of Location: | enter text. |
| Address of Location: | enter text. |
| **Type of Location:** |
| [ ]  City or Town owned property[ ]  Town Road/City Street[ ]  State Road[ ]  Limited Access Highway /Interstate Highway[ ]  MetroNorth Railroad[ ]  Amtrak Railroad | [ ]  Shoreline East Railroad[ ]  Connecticut Airport Authority[ ]  Connecticut Department of Energy and Environmental Protection[ ]  University of Connecticut[ ]  Connecticut State University[ ]  Connecticut Community College | [ ]  Connecticut Department of Corrections[ ]  Connecticut Port Authority[ ]  Connecticut Office of Legislative Management[ ]  Connecticut Department of Administrative Services[ ]  Other State Agency |
| Date of Set-up: enter date. Time of Set-up: enter text. |
| Date of Production: enter date. Time of Production: enter text. |
| Date of Wrap/Strike: enter date. Time of Wrap/Strike: enter text. |
| Rain Date: enter date. |
| Number of Crew: enter text. Number of Cast/Extras: enter text. |
| Estimated Budget: enter text. Estimated number of nights in accommodations: enter text. |
| Number of production trucks: enter text. Number of vans: enter text. Number of crew vehicles: enter text. |
| Use of mobile generator:  | [ ]  Yes [ ]  No |
| Use of temporary sets: | [ ]  Yes [ ]  No |
| Use of catering truck: | [ ]  Yes [ ]  No |
| Connecticut licensed caterer: | [ ]  Yes [ ]  No |
| Use of weapons: | [ ]  Yes [ ]  No |
| Use of special effects: | [ ]  Yes [ ]  No |
| Use of child actors: | [ ]  Yes [ ]  No |
| Use of animals: | [ ]  Yes [ ]  No |
| Use of U.A.V. (drone/s): | [ ]  Yes [ ]  No |
| **Insurance Requirements*** Certificates of Insurance naming the State of Connecticut as the additional insured are required for all filming on state property.
* Certificate of Insurance are also required by each of the state’s 169 Municipalities.
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| **Please be certain to attach the following to this application.*** A synopsis of the project
* A brief summation of the scene to be filmed
* A set map or schmematic drawing of area where filming will occur
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Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_