



# CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY  
AND REGULATORY SERVICES

P.O. Box 8161

Savannah, GA 31412-8161

912-201-4300 | Fax 912-201-4301

<http://buildingsafety.chathamcounty.org>

OCCUPATIONAL TAX DIVISION



Gregori S. Anderson, CBO  
Director

Clifford Bascombe, CBO  
Assistant Director

## O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in O.C.G.A. § 50-36-1, from the Department of Building Safety and Regulatory Services, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) \_\_\_\_\_ I am a United States citizen: **or**;
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States. **or**;
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **\*My alien number issued by the Department of Homeland Security or other federal immigration agency is \_\_\_\_\_**  
*\*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)*

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

**The secure and verifiable document provided with this affidavit can be classified as \_\_\_\_\_**  
*(such as: state issued driver's license, state issued identification, passport, etc.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20 , and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

SEAL

CHATHAM COUNTY FILM PERMIT APPLICATION

1117 Eisenhower Drive, Suite D, Savannah, GA 31406 / Chatham County, PO Box 8161, Savannah GA, 31412, (912) 201-4300



PERMIT NUMBER:

ACCEPTANCE OF PAYMENT BY THE COUNTY DOES NOT CONSTITUTE FINAL APPROVAL OF THE FILMING PERMIT. THIS APPLICATION IS SUBJECT TO ALL NECESSARY APPROVALS. SAID PERMIT FEE SHALL BE REFUNDED IN THE EVENT THAT FINAL APPROVAL IS NOT GRANTED. Permit Fee: \$100.00 per day, plus Application Fee: \$25.00 (non-refundable), and completed Affidavit Verifying Status Form

- \* Prior to submitting this application you must first complete the Project Registration Form with the Savannah Area Film Office
\* This application is for Professional Productions only. Students must complete the Student Film Permit Application form

- 1. Date:
2. Applicant Name Position/Role
3. Applicant's Phone Email
4. Project Title Total Project Budget
5. Company Name Company Phone
6. Company Address City State Zip
7. Local Production Office Address City State Zip
8. Local Production office Phone Number

PRODUCTION CONTACT:

- 9. Producer/UPM Name Producer/UPM Phone No
Producer / UPM Email Location Manager Email
Location Manager Name Location Manager Phone No

LOCATIONS:

- 10. How Many Locations? List Locations (Example: 123 Wilmington Island Road and sidewalk; or Isle of Hope) and attach map

- 11. Filming Date(s) Rap Time(s)

- 12. Total Number of crew and cast to be present at this location Will you need parking Yes No

- 13. Will you be using any special equipment? Yes No Will you need ITC or pedestrian control? Yes No

Do you have any specific Police requests? Yes No Will there be stunts? Yes No (separate Special Event is required) (Attach requirements)

Do you have a stunt coordinator? Yes No Will there be special effects or pyrotechnics? Yes No

Do you have a SFX coordinator? Yes No Will there be simulated violence and/or weapons Yes No

Will you be using animals? Yes No

\*Noise Ordinance Permit Required

\*If Yes, provide a detailed map showing ALL requested needs (i.e. working truck parking, crew parking, basecamp, set, etc.)

SIGNATURE TITLE

Building Safety Approved / Reviewed Date

DBSRS Fire Marshal Approved / Reviewed Date

Parks & Recreation Approved / Reviewed Date

Engineer Department Approved / Reviewed Date

PAYMENT:

[ ] Cash [ ] Credit Card [ ] Check No Receipt No