

CHATHAM COUNTY STUDENT FILMING APPLICATION

1117 Eisenhower Drive, Suite D, Savannah, GA 31406 / Chatham County, PO Box 8161, Savannah GA, 31412, (912) 201-4302



PRODUCTION TITLE: _____

*Please attach copy of script or details of production with application
Please Note: It takes up to 3-5 days for approval.

PRODUCTION TYPE: Video Still Photography Student Project

PRODUCTION ENTITY NAME: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Producer: _____ Director: _____

Permanent Address: _____ City: _____ St: _____ Zip: _____

Permanent Phone: _____ Permanent Fax: _____

Name of school you attend: _____

LOCATION MANAGER

Name: _____

Cell Phone: _____ Email: _____

ADDRESS OF FILMING LOCATION

Address of location: _____

County Property? Yes No If yes, location: _____

Street Closing? Yes No If yes, Explain: _____

FILMING DATE/TIME FOR THIS LOCATION

Date(s) for filming: _____ No. of attendees: _____

Starting time for filming: _____ a.m. _____ p.m. Completion time of filming: _____ a.m. _____ p.m.

Construction needed for filming? Yes No If yes, attach additional :

Note: The below signature signifies, personally covenants, grantees, and warrants that he/she has the power to obligate the filming company to the terms and conditions of this permit. Applicants must pay a \$25 non-refundable administrative fee with their application. Checks Payable to Chatham County



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