

St. Tammany Parish Filming Permit Application

Date: _____ Project Title: _____

Production Co: _____ Production Type: _____

Address: _____ Location Mgr: _____

City: _____ Other Contact: _____

State: _____ Zip Code: _____ Production Budget: \$ _____ Total Personnel: _____

Phone: _____ Cell: _____ Fax: _____

of Motel/Hotel Nights: _____

of Production Days: _____

Production Begin Date: _____ Production End Date: _____

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Street Closures | <input type="checkbox"/> Use of Parish Buildings or Property |
| <input type="checkbox"/> Intermittent Traffic Control | <input type="checkbox"/> Public Waterways |
| <input type="checkbox"/> Pyrotechnics/Fire: | <input type="checkbox"/> Special/Other: _____ |

Other services needed, please explain: _____

Insurance Company: _____ Additional Insured Received: _____

NOTE: A list of all locations must be provided at the time of permitting.
(Any location changes during production must be communicated and approved).

Production Company Representative: _____ Date: _____

Parish Film & Media Representative: _____ Date: _____

Contact Info: St. Tammany Parish
Cultural & Governmental Affairs
21490 Koop Drive
Mandeville, LA 70471

Ph: 985-898-5243
Fax: 985-898-2798
Email: publicinfo@stpgov.org