



4040 South Berkeley Lake Road  
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## LOCATION DATA SHEET

**Application for Media Production Permit for \_\_\_\_\_**

(production title)

(To be completed for each property and street listed on application)

<b>No.</b>	Street #	Street name:	Location is: <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Vacant <input type="checkbox"/> City street <input type="checkbox"/> County road			
<b>GENERAL</b>	Location to be used for: <input type="checkbox"/> Filming/photos <input type="checkbox"/> Equipment <input type="checkbox"/> Base camp <input type="checkbox"/> Food service <input type="checkbox"/> Parking <input type="checkbox"/> Other _____					
	Name of owner or governing authority:		# of off-street parking spaces available:	Closure required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DATES/TIMES</b>	<b>DATES OF USE</b>	<b>BEGINNING TIME</b>	<b>ENDING TIME</b>	<b>ACTIVITY</b> (check all that apply)		
	/ /	AM / PM	AM / PM	<input type="checkbox"/> Prep <input type="checkbox"/> Shoot <input type="checkbox"/> Strike		
	/ /	AM / PM	AM / PM	<input type="checkbox"/> Prep <input type="checkbox"/> Shoot <input type="checkbox"/> Strike		
	/ /	AM / PM	AM / PM	<input type="checkbox"/> Prep <input type="checkbox"/> Shoot <input type="checkbox"/> Strike		
	/ /	AM / PM	AM / PM	<input type="checkbox"/> Prep <input type="checkbox"/> Shoot <input type="checkbox"/> Strike		
	/ /	AM / PM	AM / PM	<input type="checkbox"/> Prep <input type="checkbox"/> Shoot <input type="checkbox"/> Strike		
	/ /	AM / PM	AM / PM	<input type="checkbox"/> Prep <input type="checkbox"/> Shoot <input type="checkbox"/> Strike		
	Attach separate sheet if more space is needed.					
<b>ACTIVITY DETAILS</b>	<b>PERSONNEL:</b> Indicate maximum number of each type at <b>this</b> location.					
	Crew:	Cast:	Extras:	Are spectators likely to congregate?		
	<b>VEHICLES &amp; EQUIPMENT:</b> Indicate maximum number of each type at <b>this</b> location.					
	Cast/crew cars & vans:	Large trucks:	Cranes:	Generators:	Picture cars:	Camera cars:
	Trailers:	Motor homes:	Refuelers:	Light units:	Other vehicles:	
	<b>CONSTRUCTION:</b> Describe any temporary structures or alterations of existing structure necessary at <b>this</b> site.					
	<b>SPECIAL EFFECTS &amp; ACTIVITIES:</b> Indicate if any of the following will occur at <b>this</b> location. <input type="checkbox"/> Aircraft use <input type="checkbox"/> Amplified sound/loud noises <input type="checkbox"/> Animals <input type="checkbox"/> Auto or boat chase/crash <input type="checkbox"/> Gunfire <input type="checkbox"/> Open flames <input type="checkbox"/> Pyrotechnics <input type="checkbox"/> Simulated crime <input type="checkbox"/> Stunts <input type="checkbox"/> Tents <input type="checkbox"/> Weaponry <input type="checkbox"/> Zombie apocalypse <input type="checkbox"/> Other _____					
<b>ACCESS:</b> If street closure or restriction of public access is necessary; indicate date(s), time(s) and duration.						
<b>SITE PLAN:</b> Attach site plan/sketch showing how equipment, personnel and activities will be accommodated on site.						