



**Town of Marana Film Office**  
11555 W Civic Center Drive  
Marana AZ 85653  
Curt Woody  
Tourism and Marketing Director

## COMMERCIAL FILMING & PHOTOGRAPHY PERMIT APPLICATION

Project Number: _____			
Location Company / Applicant: _____		Contact: _____	
Address: _____		City: _____ State: _____ Zip Code: _____	
Office Phone: _____		Cell Phone: _____ Fax: _____	
Email Address: _____			
Film Company: _____ Contact: _____			
Address: _____		City: _____ State: _____ Zip Code: _____	
Office Phone: _____		Cell Phone: _____ Fax: _____	
Email Address: _____			
Project Title: _____ Type of Production: _____			
Description of Project: _____ Total Personnel: _____			
Parking Plan on file: <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
Parking Address		Staging Address	
<b>Size, Type and Number of Trucks</b>			
Box Trucks: _____ Catering Trucks: _____ Flatbed/Semi Trucks: _____ Pick-up Trucks: _____			
<b>Other Vehicles</b>			
Cars: _____ Vans: _____ Motor Homes: _____ Other Vehicles: # _____ / Type: _____			
Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No Generator Type: _____			
<b>Lighting</b>			
Type of Lighting: _____ Description of Use: _____ Location of Use: _____ Hours of Use: _____			
<b>Miscellaneous</b>			
Helicopter: <input type="checkbox"/> Yes <input type="checkbox"/> No Pyrotechnics: <input type="checkbox"/> Yes <input type="checkbox"/> No Special Effects: <input type="checkbox"/> Yes <input type="checkbox"/> No Gunfire: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sound: <input type="checkbox"/> Yes <input type="checkbox"/> No Road Closure: <input type="checkbox"/> Yes <input type="checkbox"/> No Fog Machine: <input type="checkbox"/> Yes <input type="checkbox"/> No Police: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Insurance</b>			
Certificate(s) of insurance and additional insured endorsement, evidencing insurance in the amounts and types determined by the Town and naming the Town of Marana as additional insured, are required for all film permits. At a minimum, the permittee shall provide proof of commercial general liability of \$1,000,000 per occurrence. Insurance certificates and endorsements must be provided to the film permit officer prior to the date filming activity begins.			

Please list ALL locations in Marana to be used in production (attach additional sheets if necessary). Provide complete answers for every question, and print or type legibly. List ALL vehicles and equipment including quantity and types involved. Clearly indicate location of staging area for parking off county roadways and shoulders. A Parking Plan/Road Closure Plan is required for each affected location.

Completed forms may be faxed to: (520) 382-1902 or emailed to: [filmpermits@maranaaz.gov](mailto:filmpermits@maranaaz.gov)

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

Date(s):	Time(s):	Activity:
Address:		APN:
Property Owner:		
Production Company:		Production Company Address:
Contact on Location:	Phone (Location):	Phone (Office):

Describe any assistance requested of Town Personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL EFFECTS/PYROTECHNICS:** If applicable, complete this section:

Describe special effects to be used: \_\_\_\_\_

Pyrotechnics:

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Type: \_\_\_\_\_ Quantity: \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ License No.: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ License No.: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**TRAFFIC CONTROL**

A Traffic Control Plan must indicate vehicle/pedestrian traffic control, detour routes and directional signs, the time periods of the closure for any street, sidewalk, alley, right-of-way, parking lot or other public access area. All road closure requests are subject to the Town Engineer's or designee's approval. Notice of the closure must be posted 72 hours prior to event with appropriate Uniform Traffic Control Devices. **Attach a map of the route or area and Traffic Control Plan by Certified Barricade Company. An ADOT Permit (with 60 days advanced notice) may be required on certain streets. IE: I-10 Frontage Road**

Will barricades be set up and removed from Town streets? ☐ Yes ☐ No Setup time: \_\_\_\_\_ Removal time: \_\_\_\_\_

Barricade Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_

**INDEMNIFICATION AGREEMENT and ACKNOWLEDGEMENT**

Applicant shall indemnify, defend, save and hold harmless the Town of Marana and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused in whole or in part, by the negligent or willful acts or omissions of Applicant or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of Applicant to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Applicant from and against any and all claims. It is agreed that Applicant will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of permission to engage in filming activity on the Town's property, Applicant agrees to waive all rights of subrogation against the Town, its officers, officials, agents and employees for losses arising out of or resulting from the filming activity. If Applicant is acting on behalf of an organization, Applicant certifies that he/she is the agent of the organization, is acting on the organization's behalf, and is duly authorized to execute this Agreement and Acknowledgment on the organization's behalf. Applicant further certifies that he/she has read and understands all the terms of this Agreement and Acknowledgment, agrees that he/she shall be bound by its terms and conditions, and is of lawful age and legally competent to sign this Agreement and Acknowledgment. By signing below, Applicant acknowledges that he/she has read and agrees to abide by all the terms, conditions, rules and regulations outlined in Chapter 9-12 of the Marana Town Code, including the requirements to provide a certificate of insurance and an additional insured endorsement evidencing insurance in the amounts and types determined by the Town and naming the Town of Marana as additional insured. The Town's issuance of a film permit shall constitute a written agreement or contract between the Town and Applicant for purposes of insurance requirements. Applicant further acknowledges that depending upon the nature and location of Applicant's filming activity, additional permits may be required.

Internal Use Only

Approvals: \_\_\_\_\_ Airport \_\_\_\_\_ Events

\_\_\_\_\_ P & D \_\_\_\_\_ Parks \_\_\_\_\_ Fire \_\_\_\_\_ Roads \_\_\_\_\_ P.D.



## REQUIRED ECONOMIC REPORTING FORM

E-mail: [cwoody@maranaaz.gov](mailto:cwoody@maranaaz.gov) Telephone: (520) 382-1900

### (A) Contact Name for Final Economic Impact Reporting:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In order to report back to Town and County jurisdictions on the economic impact of local media production, we require productions to provide basic information on shoots.

Make a copy of this form. Please fill out section "A" for the initial submission of the application for a permit. You will send the full application to the Marana Film Office at the same time.

No more than ten business days after completion of Marana production activities, complete section "B", below, and fax or email to the above contact. Reported information will remain confidential.

### (B) Economic Reporting (USD):

#Room Nights in Marana Hotels (# of crew x number of nights):

Name of Marana Hotels: \_\_\_\_\_

Rate paid at Hotels: \_\_\_\_\_

Pima County Crew Hires:

Pima County Cast Hires:

Total # Hires: \_\_\_\_\_

Total # Hires: \_\_\_\_\_

Total # Days Worked \_\_\_\_\_

Total # Days Worked \_\_\_\_\_

Post Production costs to be spend in Pima County: \_\_\_\_\_

Hired Vendors: \_\_\_\_\_

### Feedback:

Please let us know if you had a positive experience filming in Marana, or how we can better serve your next Production. Thank you

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