



Film Location Permit

Roads Information
905-683-2951 Phone
Film Liaison Office
905-619-2529, ext. 3231 Phone
Permit Submission
905-686-0360 Fax

Name of Applicant: _____
Position/Title: _____
Production Co.: _____
Address: _____

Date: _____
Phone: () _____
Mobile: () _____
Fax: () _____
24 hour: () _____

Film Title: _____

Location Sites: (All public roads and properties - use second page if necessary)	1. _____		<u>Date</u>	<u>Time</u>
	2. _____	Commencement of Filming	_____	_____
	3. _____	Completion of Filming	_____	_____
	4. _____	Completion of Restoration	_____	_____
	5. _____			

Activity Description:
(state purpose of road
occupancy, attach extra
pages as required)

Check as appropriate:

<input type="checkbox"/> Intermittent traffic stoppages PDO required	<input type="checkbox"/> Road closure 5 working days required	<input type="checkbox"/> Traveling Shots PDO required
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Applicant's responsibilities before filming to commence:

- Please check any applicable boxes
- - PDO (Paid Duty Officers)/TSU (Technical Support Units)/ETS (Emergency Task Force) (on site)
 - Businesses and residences to be notified - a draft letter must accompany this application
 - Copy of insurance - naming Town of Ajax as additional insured in an amount not less than 5 million dollars must accompany this application
 - The production company must notify the Town of Ajax of any filming activity before 8:30 a.m. or after 8:00 p.m.
- The production company must notify the Town of Ajax of the use of SPFX and gunfire - Fire personnel may be required.

Special Conditions - office use only

no permit fee, however, a security deposit may be required

Production Company

I/we hereby agree to all terms and conditions set forth with this permit and agree to assume all costs for damages and /or restoration.

Do not sign until special conditions applied and permit approved.

Accepted for Production Company

Permit Approved _____
Engineering Date

Authorization for Road
Closure _____
Engineering Date

Acknowledged: _____
Film Liaison Office Date

Copy to: _____
Region Date