



**Office of Communications**  
 2255 W. Berry Avenue  
 Littleton, Colorado 80120  
 303-795-3720 Fax 303-795-3818  
 knarde@littletongov.org

This permit is required for all commercial film and video shoots in Littleton. Complete and email or fax to contact information at left. Be sure to include copies of insurance certificate and any other permits, if required.

## FILM / VIDEO PERMIT APPLICATION

1. Today's Date \_\_\_\_\_

2. Date(s) of Shoot \_\_\_\_\_ Hour(s) of Shoot \_\_\_\_\_

3. Location(s) of Shoot (street address intersection, or venue) \_\_\_\_\_

If a park location, provide name of park \_\_\_\_\_  
 If production is in a park, permit is required from South Suburban Parks and Recreation. Call 303-798-5131 for more information.

4. Production Company \_\_\_\_\_  
 (If student project, provide student's first and last name)

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Person submitting request \_\_\_\_\_

Affiliation with shoot \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

6. Project Type  TV Commercial  TV Episode/TV Special  Music Video  Feature Film  
 Documentary/News  Student Film/Video  Industrial/Corporate  Other

If other, specify \_\_\_\_\_

7. Describe the nature of the project and any special requirements \_\_\_\_\_

8. Are guns, drugs, gangs, pyrotechnics, other explosives, smoke or flammable liquids, or other special effect elements in the shoot?  YES  NO

If yes, permit may be required from Zoning Department. Call 303-795-3748 for more information.

If yes, please describe \_\_\_\_\_

9. Does the production require closing or blocking a public street or sidewalk?  YES  NO

If yes, permit is required from the Public Works Department. Call 303-795-3863 for information.

10. Generally describe the type of equipment that will be used and number of pieces (still cameras, video or film cameras, lighting, generators, vehicles, booms, etc.) \_\_\_\_\_

Number of subjects or cast members \_\_\_\_\_ Number of extras \_\_\_\_\_

**FOR OFFICE USE ONLY** Permit:  Issued  Denied  
 Ins. required:  Yes  No Date \_\_\_\_\_  
 Signature \_\_\_\_\_

To submit application, complete form and save to your hard drive, then attach it to an email and send to [knarde@littletongov.org](mailto:knarde@littletongov.org).  
**Note: button below is for Adobe Reader® users only**