



FILMING A	APPROVAL APPLICATION	N FORM
NAME OF PRODUCTION:		
LOCATION(S) REQUESTED:		
of all temporary structu park	th a separate sheet, with a si ures. Please include site add dreserve to be used for filmi	dress, names of roads,
CONTACT DETAILS		
Production Company:		
Postal Address:		
Street Address:		City:
Phone Number: (Bus)	(Home)	(Mobile)
Fax:	Email:	
Location Manager:	(Country)	
Phone Number: (Bus)	(Home)	(Mobile)
Fax:	Email:	
Production Manager:	(Mobile)	
Client's Name:	(Country)	
Phone Number: (Bus)	(Mobile)	Email:
COMPULSORY:		
Contact Person For the Day	/:	
(Mobile)		
Times/Dates		
Set Up Date and Time:		
	Shoot Finish Time	

Wrap Date:			e:cleaning up and disma	
Postponement Days:				
	e action being filmed			ng details: location of s/marquees; caravans;
Number of people of	n location?			
	RKING REQUIREMENT			
	will be involved in this		T =	
Trucks	Buses	Vans	Cars	Other (describe)
Parking Do you have special r Describe parking arra	requirements? Ingements and attach a	☐ Yes ☐ No diagram (Can be inclu	uded on site plan).	
weeks prior to the ever Road closure required Traffic Management F	uired? If so, a traffic man ent. For a full road clos d?	ure up to six weeks wi ☐ Yes ☐ No ☐ Yes ☐ No	ll be required. ☐ N/A ☐ To follow	oplication several

Clean Up (The organiser is respon What are your arrangements?	sible for the cle	aning up of the venue.)	
Toilets			
Are the existing toilet facilities adec	•	☐ Yes ☐ No ☐ N/A ☐ Dorovide? (Include numbers and locations.)	on't Know
Electricity Is power supply required? Will you require access to Christch What are you providing? Please so		☐ Yes ☐ No ☐ N/A r supplies, if available at the venue?	
		Registration Number:	
Water Is a supply required? What are you providing? Please so	upply details.	□ Yes □ No □ N/A	
Will you require access to Christch	urch City water	supplies if available at the venue? Yes	☐ No
941-8823 for guidelines and info	used and locat e for contactormation on the		veeks prior to
SPECIAL EFFECTS		☐ Yes ☐ No ☐ N/A	
Effect	Yes/No	If Yes, describe	Timing
Animals –	Yes / No		
Supplier:			
Fireworks			
Thewerks	Yes / No		
Supplier:	Yes / No		
	Yes / No Yes / No		
Supplier:			

		I			7
Other:	Yes / No				
Supplier					
Temporary Structures/Marquees	Yes / No				
Supplier					
Building consent will be required for	r a marquee	over 30m ² and m	ay be required	I for other temp	orary structures.
HEALTH & SAFETY PLAN - Film	crews are re	auired to comply y	with the Health	x & Safety at W	ork Act 2015
Under this legislation, you must ens				•	
arising from the operation and any				•	
attention by the film crew may be a	•				
In some circumstances, there may	be several p	arties who owe a	concurrent dut	y of care. It is i	mportant that
safety is comprehensively managed	and comm	unicated by and be	etween all rele	vant duty hold	ers.
Upon application, your Advisor will	notify you of	the Health & Safe	ty requiremen	ts for your prod	duction.
PRIVACY ACT 1993 - The inform application. It may, therefore, be and for public notification as require	distributed to			•	
approval for your production can structures, dangerous goods, foo requiring a licence, contact Christch CHARGES - The organiser will incompanise will be responsible for requires. The organiser may be	be given. d vendors, purch City Co ur costs suc r the cost of	For licences for amusement deviouncil, Environment has facility fees barricades, signa	or marquees, ces, signage, tal Services U and other Chr ge, cones and	stages, scaffe fireworks an nit, phone 941 istchurch City I other items th	olding, temporary d other activities 8748. Council charges. at the production
requirements. Please refer to the at			it will be lefu	Tidable off full	illinetit of courion
Organisers must comply with the squares and facilities. A set of coadditions to these conditions are a	onditions w	ill be attached to	your letter of	f approval. A	
PUBLIC LIABILITY INSURANCE Proof of your insurance is required.	ls a copy a	ttached?	□ Yes	□ No	□ N/A
Company:	• •				
Comments:					
Upon completion of this applicat	ion, please	sign below.			
Signature:			Date: .		

If any details, relating to this permit application, are altered after the forms are submitted, please advise the Christchurch City Council, as soon as possible.

SCHEDULE OF ATTACHMENTS

☐ Fee Schedule
$\hfill \square$ Confirmation of Public Liability Insurance being held and current
☐ Traffic Management Template
☐ Site Map
☐ Building Consent Form
☐ Bond Release Form
☐ Filming Approval Application Form

Events Partnerships & Development Team

03 941 8999, eventsdevelopment@ccc.govt.nz
Level 5, HSBC Tower

62 Worcester Boulevard, Christchurch 8140

IMPACT ON THE COMMUNITY

To assist us in measuring the level of filming activity in our city would you please provide the following information. This will be used to gather statistical data, allowing the Council to plan and provide a more complete service to your industry.

What is the total budge	t for this Project?		
☐ Less than \$100,000 ☐ \$200,000 - \$250,000 ☐ \$500,000 - \$1 million ☐ \$2 – 5 million		□ \$100,000 - \$200,000 □ \$250,00 - \$500,000 □ \$1 - 2 million □ More than \$5 million	
How many of your Crev	v are:		
Local		Non Local	
What local suppliers wi	II you be using?		
☐ Catering		□ Electrical	
☐ Acoustics		☐ Special Effects	
☐ Grip		☐ Gaffers	
□ Camera Operators		☐ Props	
☐ Other (please specify)			
☐ Other (please specify)			
☐ Other (please specify)			