

Weymouth Fire Department

Notification / Permit Application Motion Picture / Production Location 527 CMR 1.00 Ch. 32

636 Broad Street Weymouth, MA 02189 781-337-5151 FAX: 781-340-5024

Keith Stark
Chief of Department
www.weymouth.ma.us

In accordance with the provisions of MGL Chapter 148 Section 10A application is hereby made by:

| Applicant Name: | | Permit Fee: \$50.00 Please make checks payable to the | | | | |
|--|------------------|--|---|--|--------------|-----|
| Business Name: | | Town of Weymouth. | | | | |
| Business Address: | | | | Application must be complete. | | |
| Business Tel. | | | | The completed permit application | | |
| Contact Person: | | | | will be reviewed by the Fire Prevention Division. Some applications may require additional information. A Fire Department Detail or Details | | |
| Title: | | | | | | |
| Phone / Fax: | | | | | | |
| Email: | | | | may be required. | | |
| 527 CMR 1.00 Ch. 32.5 Production Locations | | | | | | |
| Production Name: | | | | | | |
| Brief Description: | | | | | | |
| | | | | | | |
| Location of filming, if mult | iple please prov | ide addre | sses and maps: | | | |
| | | | 1 | | | |
| Construction Start: Construction End: | | nd: | " (0 | | | |
| Filming Start Date: Film End Date: | | # of Crew: # of Cast: | | | | |
| Use of puretochnic special | Loffocts | Y/N | Use of aircraft | | | V/N |
| Use of pyrotechnic special effects Use of open flame | | Y/N | • | | | + |
| Welding and Cutting | | Y/N | Presence of motor vehicles in a building Y/N Use of liquefied petroleum gases Y/N | | | Y/N |
| Storage and use of flammables / Comb. | | Y/N | | duction with a live audience | | |
| Use of fog and haze | | Y/N | Froduction with | on with a live audience Y / N | | |
| Please provide a detailed sketch of the film location. | | | | | | |
| Please provide a detailed sketch of the fill location. Please provide a narrative of events to include; | | | | | | |
| Will there be catering / craft services? | | | | | | |
| List propane storage and use, quantity and location. | | | | | | |
| Will there be generators for power? | | | | | | |
| | _ | • | location of each go | enerator. | | |
| | ,, , | ,. | | | | |
| FIRE DEPARTMENT USE ONLY | | | | | | |
| Date Received: | | | Detail Required: | 1 / Y | W # Assigned | |
| Comment: | | | Inspection Date: | | | |
| | | | Permit #: | | | |
| Permit Required: | Y/N | | 7 CHIIIL # | | | |