



Town of Stoughton, MA Film Information Form

Submit complete form to the Stoughton Film Liaison, Pamela McCarthy at pmccarthy@stoughton-ma.gov at least 4 weeks prior to filming. Once the form is reviewed by the appropriate departments you will receive feedback and a joint meeting will be scheduled with those departments. Additional information may be required. A Police Detail(s) will be required unless the Stoughton Police Department deems it unnecessary. Insurance requirements will also need to be addressed. You may contact Pamela McCarthy with questions at pmccarthy@stoughton-ma.gov or 781-232-9265.

GENERAL INFORMATION

Project Title: _____

Type of Project:

- ☐ Feature Film
☐ Short Film
☐ Television Production
☐ Commercial
☐ Experimental
☐ Other - Please explain below if Other selected:

Please provide a brief description of the project:

Who is producing this project?

_____ Production Company (Incorporated Entity)
_____ Independent Production
_____ Student Production
_____ Other – Please explain below if Other selected:

CONTACT INFORMATION

Production Company Information

Company Name: _____

Contact Name & Title: _____

Phone: _____

Fax: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Location Manager

Name: _____

Cell: _____

Office: _____

Fax: _____

E-mail: _____

Location Assistant

Name: _____

Cell: _____

Office: _____

Fax: _____

E-mail: _____

Please Note: Unless otherwise indicated by the applicant, the Location Manager shall serve as the primary contact.

Props Manager

Name: _____

Cell: _____

Office: _____

Fax: _____

E-mail: _____

Security Team Lead

Name: _____

Cell: _____

Office: _____

Fax: _____

E-mail: _____

Producer: _____

Director: _____

1st AD: _____

Production Manager: _____

FILM LOCATION CHECK LIST

(Please use additional copies for each location as needed)

Location Description

Type of location: Open: _____ Closed: _____

Address: _____

Prep Date(s) & Time(s) _____

Filming Date(s) & Time(s): _____

Strike Date(s) & Time(s): _____

Hold Date(s) & Time(s): _____

Equipment on Location

Type	Quantity	Type	Quantity	Type	Quantity
5 or 10 Ton Trucks	_____	Beebe Light/Nite Sun	_____	Camera Cars	_____
Cast/Crew Vehicles	_____	Condors*	_____	Cranes	_____
Cube Trucks	_____	Generator	_____	Honey Wagons	_____
Motor Homes	_____	Picture Vehicles	_____	Portable Restrooms	_____
Process Trailer	_____	Scissor Lifts	_____	Semi Trucks	_____
Stakebed Trucks	_____	Vans	_____		

*Condor = Aerial work platforms

Personnel on Location

Type Quantity

Cast _____
Crew _____
Extras _____

Where are extras staging? _____

Other _____ Please explain: _____

Please Note: Fire Department will determine whether or not a Fire Department Detail is necessary based on whether or not there is a set medic, the location (indoor/outdoor) and the type of filming.

FILMING ACTIVITIES

Gunfire

Shot Type	Load Type	# Takes Per Day	# Times Per Take
_____ Automatic	_____	_____	_____
_____ Semi Auto	_____	_____	_____
_____ Single Shot	_____	_____	_____
_____ Non Gun	_____	_____	_____

Description of Gunfire:

Special Effects

Type	# Takes Per Day	# Times Per Take
_____ Breaking Glass	_____	_____
_____ Bullets/Squib Hits	_____	_____
_____ Bum Barrels	_____	_____
_____ Car Explosion	_____	_____
_____ Dust Hits	_____	_____
_____ Explosion	_____	_____
_____ Fire Ball	_____	_____
_____ Fire Bars	_____	_____
_____ Fire Effects	_____	_____
_____ Sparks	_____	_____
_____ Other	_____	_____

Description of F/X scene: _____

Please Note: Permits issued by the Stoughton Fire Department are required for all LP, Pyrotechnics, Black Powder, Flammable/Combustible Liquids, Open Burning effects and/or scenes. Further, pyrotechnics require a detail dependent on AHJ (Authority Having Jurisdiction). Any pyrotechnics and any filming that may trigger a fire-alarm system will require a Fire Department detail.

Water/Near Water Aquatic Scenes

Location(s) of Water/Near Water scene: _____

Description(s) of Water/Near Water scene: _____

***Please Note:** ALL Water/Near Water Aquatic Scenes require Fire Department standby. If there are any stunts the Fire Department will require a dive team on standby. If just swimming, would require Fire Department on standby with a boat.*

BASE CAMP/CREW PARKING/TRAFFIC OBSTRUCTION

Base Camp

Location Type: _____

Address: _____

Crew Parking

Location Type: _____

Address: _____

Required Posted Parking/Closures

Posting "No Parking" signs: please indicate which side of the street: N/S-north side, E/S-east side, S/S-south side, W/S-west side, B/S-both sides

Will Filming Obstruct Regular Traffic Patterns? Please explain:

OTHER

Will any structures be built? _____ **Yes** _____ **No**

If yes, please explain:

Please Note: If any structures are built a building permit is required

Will a generator(s) be used? _____ **Yes** _____ **No**

Please Note: If a generator(s) is used an electrical permit is required.

Please explain your plans for food service (i.e. will you be bringing in your own food trucks, contracting out to food trucks from other communities or setting up temporary onsite commercial kitchens): _____

Please Note: If there are food trucks from other communities they will need temporary mobile permits from the Board of Health. Temporary commercial kitchens may require BOH waivers and or review/waivers for grease traps depending on if they are connecting into onsite sewer and water. Food trailers that need electrical, water and wastewater hookups with an associated building will need Board of Health and Building Permits.

If it is a closed site and you are feeding only your own people and not charging for the food you may not require a BOH oversight for food safety unless you are utilizing extras from the public who would technically be "public" food customers.

Please explain your plan for solid waste disposal:

Please Note: You will need to have a Board of Health licensed dumpster company bring in as many dumpsters as necessary to service that amount of garbage and recycling what you will be generating.

Please Note: If filming is being done in a residential area, you may need to discuss your plans to limit noise and lighting during all hours with the BOH.

TOWN OF STOUGHTON CONTACT INFORMATION

10 Pearl Street
Stoughton, MA 02072
781-341-1300

Stoughton Film Liaison (Primary Contact)

Economic Development Director– Pamela McCarthy – 781-232-9265 – pmccarthy@stoughton-ma.gov

Police Department

Deputy Police Chief – James O’Connor – 781-344-2424 – joconnor@stoughton-ma.gov

Fire Department

Fire Chief – Michael Carroll – 781-344-3170- mcarroll@stoughton-ma.gov

Public Works/Facilities

Superintendent – Paul Giffune – 781-232-9213 or 339-364-5003 – pgiffune@stoughton-ma.gov

Building/Zoning

Building Department 781-341-1300 x9241 – building@stoughton-ma.gov

Board of Health

Health Agent – Lawrence Perry – 781-344-1300 x9271- lperry@stoughton-ma.gov

Water Department

Water/Sewer Superintendent – Keith Nastasia- 781-341-1300 x9419– knastasia@stoughton-ma.gov

Town Manager

Town Manager – Thomas Calter – 781-341-1300 x9211– tcalter@stoughton-ma.gov

INTERNAL USE ONLY – TOWN DEPARTMENT REVIEW

Provide Additional Comments in a Word Document to Pam McCarthy at pmccarthy@stoughton-ma.gov

Police Department:

_____ Application Reviewed by _____

Comments: _____

Detail Required: _____ Yes _____ No

Estimated Detail Cost: _____

Fire Department:

_____ Application Reviewed by _____

Comments: _____

Detail Required: _____ Yes _____ No

Estimated Detail Cost: _____

Building/Zoning Department:

_____ Application Reviewed by _____

Comments: _____

Inspection Required: _____ Yes _____ No

Estimated Fee: _____

Board of Health:

_____ Application Reviewed by _____

Comments: _____

Inspection Required: _____ Yes _____ No

Estimated Fee: _____

Public Works Department/Facilities:

_____ Application Reviewed by _____

Comments: _____

Services Required: _____ Yes _____ No

Estimated Fee: _____

Water Department:

_____ Application Reviewed by _____

Comments: _____

Public Water Access Required: _____ Yes _____ No

Estimated Fee: _____

Other:

_____ Application Reviewed by _____

Comments: _____

Inspection Required: _____ Yes _____ No

Estimated Fee: _____

INSURANCE RECOMMENDATION:

INFORMATION FORM COMPLETE: _____

DATE: _____

JOINT MEETING DATE: _____