



# COMMERCIAL FILMING & PHOTOGRAPHY Permit Application

Please complete the Permit Application and send it to [Matthew.Virost@wcaa.us](mailto:Matthew.Virost@wcaa.us):

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_  
*(Full, Legal Name of  
Production Company,  
Group or Individual)*

Production Name: \_\_\_\_\_

Name of Person  
Completing Application: \_\_\_\_\_  
*(if different than above)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Contact  
Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
*(if applicable)*

E-Mail Address: \_\_\_\_\_

Federal Tax I.D. -or- MI State Treasury Number: \_\_\_\_\_

## PRODUCTION ON-LOCATION CONTACT INFORMATION

### PRIMARY CONTACT

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### SECONDARY CONTACT (if applicable)

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## PRODUCTION DETAILS

Date(s) of Production: \_\_\_\_\_

Production Category:

(Select **ONE** of the following that best describes this production.)

- |  |  |
|--|--|
| <input type="checkbox"/> Feature Film (Theatrical Release) | <input type="checkbox"/> Promotional Film/Video            |
| <input type="checkbox"/> Television Film or Mini-Series    | <input type="checkbox"/> Television Advertisement          |
| <input type="checkbox"/> Television Pilot                  | <input type="checkbox"/> Non-Profit/Student Production     |
| <input type="checkbox"/> Television Series                 | <input type="checkbox"/> Still Photo Shoot for Publication |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> Still Photo Shoot for Resale      |
| _____  | (stock images, gallery art, etc.)                          |

Production script or description received?  NO  YES Date Received \_\_\_\_\_  
 If not attached, please provide date of availability: \_\_\_\_\_

Projected Duration of Production: \_\_\_\_\_  
 (including setup and strike - in hours)

Projected Number of Total Cast/Crew  
 on Airport Premises for Production: \_\_\_\_\_

## PRODUCTION LOCATION DETAILS

All filming locations should be scouted under the supervision of a Wayne County Airport Authority (WCAA) representative **in advance** of application. Filming activities that interfere with any ongoing airport operations will not be approved. Contact your WCAA liaison for assistance identifying desired production locations below. A detailed description of space requirements for each location must be noted below. List locations where actual production is expected to occur. Do not include additional facilities for parking, craft services, staging, etc.

DATE	LOCATION (NOTE ANY SPECIAL UTILITY NEEDS)	TIME OF DAY REQUESTED (INCLUDING SETUP AND STRIKE)	STERILE AREA/AOA (CHECK ONE)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

(Attach Additional Sheets if Necessary)

## SPECIAL FACILITY REQUEST DETAILS

Use of special facilities, such as parking and equipment storage facilities, are subject to availability and should be identified under the supervision of a WCAA representative **in advance** of application. Contact your WCAA liaison for assistance identifying desired special facility requests locations below. **NOTE:** Facilities requested in this section will not be approved for filming unless also noted in the "PRODUCTION LOCATION DETAILS" section above. Additional charges for special facility use may apply.

DATE	FACILITY/LOCATION (NOTE ANY SPECIAL UTILITY NEEDS)	TIME OF DAY REQUESTED (INCLUDING SETUP AND STRIKE)	STERILE AREA/AOA (CHECK ONE)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

*(Attach Additional Sheets if Necessary)*

## VEHICLE/PARKING DETAILS

Will you be parking in any public parking facilities?  NO  YES, # of vehicles: \_\_\_\_\_

Will you be loading/unloading at any terminal curb?  NO  YES,

Number of Vehicles Loading/Unloading at Curb: \_\_\_\_\_

Estimated Duration of Loading/Unloading (*hours/min*): \_\_\_\_\_/ \_\_\_\_\_

Number of personal vehicles expected  
to park in special parking facility (*if requested*): \_\_\_\_\_

Number of commercial vehicles expected  
to park in special parking facility (*if requested*): \_\_\_\_\_

**NOTE:** Unattended vehicles at any terminal curb may be ticketed and/or towed.

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## TERMS OF AUTHORIZATION

By execution of this Application, the undersigned agrees to comply with the approved and issued WCAA Commercial Film and Photography Permit, Procedures and payment of all applicable fees. Applicant further agrees that failure to comply with the terms and conditions therein may result in remedies not limited to the forfeiture of this Application and revocation of any permits issued thereto.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Please send completed and signed application, along with a signed copy of the General Terms & Conditions, required proof of insurance and any additional documents to support this application, **no later than ten (10) business days prior to production** to:

Communications and External Affairs Department  
Wayne County Airport Authority  
Detroit Metropolitan Airport  
11050 Rogell Dr. #602  
Detroit, Michigan 48242-1004

*Please complete the Permit Application and send it to [Matthew.Virost@wcaa.us](mailto:Matthew.Virost@wcaa.us).*

If this application is approved, Applicant will be advised of any and all related fees, which shall be due and made payable by Permittee to WCAA. WCAA shall invoice Permittee for all fees, which shall be payable at least one (1) business day prior to filming. Any additional fees incurred during the filming process shall be payable by Permittee within ten (10) days of receipt of invoice.

This Commercial Filming and Photography Permit Application has been reviewed by the following:

Airfield Operations  Airport Security  Concessions  Design/Construction

External Affairs  Facilities/Accessibility  Fire Marshall  Landside  Legal

Maintenance  Planning  Police  Real Estate  Risk Management

Special Services  Terminal Operations

OTHER(S):

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**For WCAA Use Only:**

**Location Fee Paid?**

YES  NO\*

*\*If location fees waived, explain why (tenant-sponsored project, etc.).*

Amount Paid:

**Additional Fees (if applicable):**

Amount Paid:

Date Paid:

Escort Responsibility: