

# Transportation and Public Works Department

## OFFICE OF SPECIAL EVENTS

### FILM PERMIT – PARKING PERMIT

### NOTICE OF PROPOSED CLOSURE AND SIGNOFF REQUEST



TRANSPORTATION  
PUBLIC WORKS

The City of Austin requires notification to a property owner/occupant, whose property is adjacent to an area sought to be utilized or closed, and provided with a map of the area which indicates all impacts to the area. The notification must indicate, by signature, whether the property owner/occupant approves or disapproves of the proposed use/closures. For additional information on City of Austin Right of Way Special Event Permit requirements please call 512-974-6501.

For additional information concerning the use described below please contact:

\_\_\_\_\_  
(Applicant Name) (Phone Number) (Email)

\_\_\_\_\_  
(Name of Film) (Film Company)

**Film Activity Information** (description of filming activity in the right of way): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This will affect (street name(s) from cross street to cross street): \_\_\_\_\_

Activity (Date(s) and Start/End Times): \_\_\_\_\_

**Parking Information** (description of spaces requested - include street name, block number, curb and number of spaces requested): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parking (Date(s) and Start/End Times): \_\_\_\_\_

**Property Owner/Manager/Occupant/Tenant** Please fill out this section completely as this information is used by the City of Austin to determine whether or not the parking activities indicated above will be approved or denied.

APPROVE  DISAPPROVE

**Map Received?**  YES  NO

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title if applicable)

\_\_\_\_\_  
(Address OR Street and Block Number)

\_\_\_\_\_  
(Signature)

**Check One:**  Residence  Business: \_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Phone)

Comments: \_\_\_\_\_