



FILM/PHOTOGRAPHY PERMIT REQUEST

TODAY'S DATE:	
DATE(S) OF SHOOT:	
HOUR(S) OF SHOOT:	
LOCATION(S) OF SHOOT (STREET ADDRESS, INTERSECTION OR VENUE):	
PRODUCTION COMPANY NAME	
ADDRESS:	
CITY, STATE, ZIP:	
OFFICE PHONE:	
CELL PHONE:	
FAX NUMBER:	
E-MAIL ADDRESS:	
PERSON SUBMITTING REQUEST	
AFFILIATION WITH SHOOT:	
ADDRESS:	
CITY, STATE, ZIP:	
OFFICE PHONE:	
CELL PHONE:	
FAX NUMBER:	
E-MAIL ADDRESS:	
ON-SITE CONTACT (IF DIFFERENT THAN ABOVE)	
AFFILIATION WITH SHOOT:	
ADDRESS:	
CITY, STATE, ZIP:	
OFFICE PHONE:	
CELL PHONE:	
FAX LINE:	
E-MAIL ADDRESS:	

PROJECT TYPE

- | | |
|---|---|
| <input type="checkbox"/> TV COMMERCIAL | <input type="checkbox"/> DOCUMENTARY/NEWS |
| <input type="checkbox"/> TV EPISODE/SPECIAL | <input type="checkbox"/> STUDENT STILL/FILM/VIDEO |
| <input type="checkbox"/> PUBLIC SERVICE ANNOUNCEMENT | <input type="checkbox"/> INDUSTRIAL/CORPORATE |
| <input type="checkbox"/> MUSIC VIDEO | <input type="checkbox"/> PRINT AD/CALENDAR/MAGAZINE |
| <input type="checkbox"/> OTHER (IF OTHER, PLEASE SPECIFY):
_____ | <input type="checkbox"/> FEATURE FILM |

IF PARKING METER BAG COVERING IS NEEDED, PLEASE STATE THE TOTAL NUMBER OF METERS:

IF PARKING SPOTS, AND OR SIDEWALKS NEED TO BE BLOCKED ADVISE EXACT LOCATIONS AND TIMELINE OF BLOCKAGE:
NOTE ADDITIONAL FEES MAY OCCUR WHEN BLOCKING PARKING SPOTS:

IF A PARK LOCATION, PLEASE PROVIDE THE NAME OF THE PARK:

SPECIAL CIRCUMSTANCES

DESCRIBE THE NATURE OF THE PROJECT AND ANY SPECIAL REQUIRMENTS:

ARE GUNS, DRUGS, GANGS, PYROTECHNICS, OTHER EXPLOSIVES, SMOKE OR FLAMMABLE LIQUIDS OR OTHER SPECIAL EFFECT ELEMENTS IN THE SHOOT?

- YES
 NO
IF YES PLEASE DESCRIBE THEIR USE:

GENERALLY DEESCRIBE THE TYPE OF EQUIPMENT THAT WILL BE USED AND NUMBER OF PIECES (STILL CAMERA, VIDEO OR FILM CAMERAS, LIGHTING, GENERATORS, VEHICLES, BOOMS, ETC.)

NUMBER OF SUBJECTS OR CAST MEMBERS:

NUMBER OF EXTRAS:

NUMBER OF CREW MEMBERS:

TOTAL NUMBER OF PEOPLE INVOLVED IN THE SHOOT:

TOTAL PROJECT BUDGET:	
ESTIMATED AMOUNT OF TOTAL BUDGE SPENT ON LOCAL CREW, TALENT, SERVICES, FOOD, ACCOMODATIONS, MATERIALS, AND SUPPLIES AND EQUIPMENT PURCHASED OR LEASED FOR SHOOT:	

NOTE IF YOU ARE FILMING A SCENE WITH WEAPONS, YOU NEED TO NOTIFY DISPATCH (925) 372-3440 OF THE LOCATION AT THE TIME OF THE ACTUAL FILMING, POST VISIBLE SIGNS INDICATING YOU ARE FILMING, AND HAVE STAFF TO ACT AS MONITORS ON THE PERIMETER DURING ANY SCENE, OR EVEN A BREAK IN FILMING WHERE WEAPONS ARE VISIBLE. PLEASE SUBMIT THESE SAFETY GUIDELINES WITH SCENE DESCRIPTIONS OR INDICATE SUCH IN THE SPECIAL CIRCUMSTANCES ABOVE. ROAD CLOSURES WILL GENERALLY NOT BE APPROVED. IF FILMING NECESSITATES ROAD CLOSURES ADVANCE NOTICE MUST BE GIVEN, WHICH MAY STILL RESULT IN A DENIAL OF APPLICATION.

COMMENTS: _____

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YOU MUST SUBMIT A CERTIFICATE OF INSURANCE AS OUTLINED IN MARTINEZ MUNICIPAL CODE 5.70.130

5.70.130 - Insurance

The applicant shall, at no cost to City, furnish evidence of comprehensive liability insurance coverage, including coverage of owned and non-owned automobiles, with a minimum combined single limit coverage of at least \$1,000,000 for all damages due to bodily injury, sickness or disease, or death to any person, and damage to property, including loss of use thereof, arising out of each accident or occurrence. The City, its officers and employees shall be named as additional insureds, and coverage shall not be canceled or reduced in coverage or limits except after 30 days written notice to City. Evidence of coverage shall be provided on the standardized insurance form approved by the California Film Commission.

NOTE ALL RESIDENTS AND MERCHANTS WITHIN A 200 FEET RADIUS OF THE FILM LOCATION MUST RECEIVE NOTICE OF FILMING AT LEAST 24 HOURS PRIOR TO THE FIRST DAY OF FILMING.

PERMIT FEES PAID: \$310 YES NO

ADDITIONAL FEES PAID: YES NO N/A FEE DESCRIPTION: _____

CERTIFICATE OF INSURANCE ATTACHED:

SIGNATURE (FILMING COMPANY): _____ DATE: _____

FILMING COMPANY ACKNOWLEDGMENT OF ABOVE LISTED NOTATIONS: YES NO

SIGNATURE (POLICE DEPT): _____ DATE: _____