

City of San Fernando
 Finance Department – Business License
 117 Macneil Street
 San Fernando, CA 91340
 (818) 898-1211 phone (818) 365-8090 fax
 Email: ssoto@sfcity.org

PHOTOGRAPHY AND FILM PRODUCTION PERMIT APPLICATION

Date:	Permit #:
Company:	Project Title:
Address:	Type:
	Location Manager:
	Production Manager:
Phone:	Other Contact / Phone:

Total Personnel:			Total Vehicles:		
Generator:	Cars:	Trucks:	R/Vs:	Other:	

Pyrotechnics:	Special Effects Permit #:
Pyrotechnician:	License #:

Dates From:	To:		
Hours of Filming From:	To:		
Postings: Yes No	Contract Duty: Yes No	Fire: Yes No	Dumpster: Yes No
Nudity: Yes No	Adult Content: Yes No	Pornography: Yes No (explain below)	
Location & Description of Production:			

Insurance:	Expiration Date:
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I agree to comply with all City requirements pertaining to the issuance of this permit. I understand that failure to do so may result in the immediate discontinuance of operations, revocation of permit, and/or forfeiture of fees.

Signature:	Name:	Date:
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FINANCE APPROVAL		
Director:	Name:	Date:
Staff:	Name:	Date:

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PERMISSION TO USE PROPERTY FOR FILMING

I hereby give permission to _____ for use of the <div style="text-align: center;">(Film Company)</div> property located at _____ for the <div style="text-align: center;">(Address)</div> purpose of filming on the following date(s) _____

Owner or Resident of Property:

Signature:	
Print Name:	
Telephone Number:	

List any special provision and/or concerns:

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ACKNOWLEDGMENT SIGNATURES

A notification letter on film company stationary must be distributed to property owners and tenants adjacent to the film location within a 500 sq ft area from the location. Written permission is required from property owners or tenants impacted by filming or parking occurring in front of their property

We, the undersigned, have been made aware that _____
(Film Company)

is scheduled to film at _____
(Address / Location)

on _____
(Dates and Times)

The regular working hours will be from _____ to _____

Equipment vehicles necessary for the filming activity will be parked on the following City streets:

PRINT NAME	ADDRESS	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Note: Make additional copies of the page if necessary.

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MAP

Production Title:	Production Company:
Contact Person:	Phone:
Film Dates:	Time:

- | |
|---|
| <ol style="list-style-type: none">1. Draw your street location, show the nearest intersections and surrounding addresses.2. Place a series of xxxxx's in front of the addresses where you plan to park the vehicles.3. List the number of vehicles you plan to bring. |
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