

**CITY OF TAFT
FILMING PERMIT/APPLICATION**

TYPE OF PRODUCTION:

Motion () Still ()

PERMIT NUMBER _____

Filming Permit/Application Fee _____

()TELEV ()COMM ()DOC ()VIDEO ()STILL ()STUDENT/NONPROFIT ()OTHER

COMPANY NAME _____ PHONE NO. _____

STREET ADDRESS _____ FAX NO. _____

CITY, STATE, ZIP CODE _____

PRODUCTION NAME AND/OR NUMBER _____

ORDERED BY _____ PHONE NO. _____ FAX NO _____

PRODUCTION MANAGER _____ PHONE NO. _____ PAGER _____

LOCATION MANAGER _____ PHONE NO. _____ PAGER _____

PRODUCTION INFORMATION:

()PRIVATE PROP. ()CITY STREET CUSE (PARKING, FILM, ETC.) ()CITY PARKING LOTS ()STREET CLOSURE
()POST STREET (FOR NO PARKING) ()CITY SERVICES (INDICATE SPECIAL NEEDS)

LOCATIONS: (ATTACHED ADDITIONAL SHEETS IF NECESSARY)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LOC.#	DATE FROM	DATE TO	HOURS FROM	HOURS TO	W/ENDS	AFTER HOURS	SPECIAL EFFECT
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____

SPECIAL NEEDS FROM CITY DEPARTMENTS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

GENERAL INFORMATION NOTES:

#PEOPLE _____ GEN _____ TRUCK _____ VANS _____ DR. R.S/HW _____ MOTOR HOMES _____
CAMERA CARS _____ PIC CARS _____ CREW CARS _____ OTHERS _____

- () INT DIALOGUE () EXT DIALOGUE () DRIVING SCENES () RUNNING SHOTS () TOW SHOTS
- () DRIVE BYS () DRIVE UPS & AWAYS () CAMERA MOUNTS () CAMERA ON SHOULDER OF ROAD
- () CAMERA IN TRAFFIC LANE () LEGALLY PARK EQUIP ON SHOULDER OF ROAD
- () SPECIAL EFFECTS – DETAIL _____
- () PYROTECHNICS – DETAIL _____

SCENES: _____

PARKING: _____

NOTES & OTHER SPECIAL CONDITIONS: _____

DO NOT WRITE BELOW THIS LINE: FOR CITY USE ONLY

APPROVALS:

FIRE DEPARTMENT By _____

DATE: _____

POLICE DEPARTMENT By _____

DATE: _____

<u>FEE TYPE</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>PAID</u>	<u>CHECK #</u>
BUSINESS LICENSE				
FILM PERMIT				
PUBLIC WORKS				
POLICE DEPT.				
FIRE DEPT.				
OTHER				
TOTAL DUE				

SIGNATURE _____

ATTACHMENTS: () INSURANCE CERTIFICATE EXPIRATION DATE _____

- () INSURANCE CERTIFICATE LIMITS/ADDITIONAL INSURED (Minimum level of General Liability Insurance is \$500,000; Provide Certificate of Insurance Naming City of Taft, Its Officers, Agents, Volunteers, and Employees as additional insureds)
- () HOLD HARMLESS AGREEMENT
- () CITY BUSINESS LICENSE APPLICATION