

APPLICATION FOR FILM PERMIT
PRINT OR TYPE IN BLUE OR BLACK INK

ADDITIONAL LOCATIONS:

_____ DATE & TIME _____

_____ DATE & TIME _____

_____ DATE & TIME _____

THE LOCATION(S) IS/ARE : _____ CITY PROPERTY _____ COUNTY PROPERTY

THE LOCATION(S) IS/ARE: _____ PRIVATE PROPERTY _____ SCHOOL DISTRICT
 _____ RESIDENTIAL _____ COMMERCIAL

 _____ SCHOOL _____ OTHER

TYPE OF SHOOT: _____ INTERIOR _____ EXTERIOR _____ DRIVING SCENE

THE FILMING ACTIVITY TO BE CONDUCTED IS DESCRIBED AS FOLLOWS (GIVE DETAILS):

NUMBER OF INDIVIDUALS IN THE CAST: _____ CREW: _____

TALENT (NAMES):

TYPES AND NUMBERS OF VEHICLES:

AUTOMOBILES _____

MOTORHOMES _____

TRUCKS _____

CATERING TRUCKS _____

TRAILERS _____

VANS _____

OTHER (SPECIFY) _____

TYPE AND NUMBER OF ADDITIONAL CRAFT(S): _____

APPLICANT REQUESTS AT THE LOCATION:

STREET CLOSURE _____ EMERGENCY SERVICES _____ TRAFFIC CONTROL _____

OTHER (EXPLAIN) _____

APPLICANT INTENDS TO USE (CHECK RESPONSE):

- ANIMALS	YES	NO	- CHEMICALS	YES	NO
- FIRE	YES	NO	- EXPLOSIVES	YES	NO
- SPECIAL EFFECTS	YES	NO	- GENERATOR	YES	NO

**IF YES TO ANY OF THE ABOVE, ATTACH A DETAILED DESCRIPTION
LIST ANY SPECIAL CONDITIONS AND/OR REQUESTS:**

I UNDERSTAND THAT THIS IS MERELY AN APPLICATION FOR A FILM PERMIT AND, IF APPROVED, I WILL PAY ALL NECESSARY FEES PRIOR TO ISSUANCE. I AGREE TO ABIDE BY ALL APPLICABLE ORDINANCES AND COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS.

Signature of Applicant

Date

FOR OFFICE USE ONLY

COUNTY OF LOS ANGELES FIRE DEPARTMENT PERMIT NUMBER _____

DEPARTMENTAL DISTRIBUTION

CITY MANAGER
POLICE DEPARTMENT
PUBLIC WORKS
CITY ATTORNEY

Department Approval

Date

Conditions / Restrictions:
