

San Luis Obispo County
Uniform Film Permit Application

Coordinated by the San Luis Obispo County Film Commission
811 El Capitan Way, Suite 200, San Luis Obispo, CA 93401 Ph 805/541-8000 Fax 805/543-9498
www.filmslo.com

Permit Application Procedure:

1. Fill in form and attach additional information required.
2. Fax the completed application to: **805/543-9498**
3. The form will be reviewed quickly and faxed to all involved permit issuing jurisdictions.
Production specific terms and conditions are approved by the appropriate jurisdiction(s) prior to permit issuance.
4. You will be contacted by the jurisdiction for:
 - Any outstanding questions or clarifications.
 - Specific requirements of restrictions.
 - Signatures required on jurisdictional documents (insurance, etc.)
 - Payments and deposits.
5. The permit will be issued by each jurisdiction with a copy also sent to the San Luis Obispo County Film Commission.
6. Please allow a minimum of **72 hours** for jurisdictions to issue a permit for minor production activities. More complex permits will require a minimum of **10 days**.

Film Permit Jurisdictions

Check the Jurisdiction(s) within San Luis Obispo County that your company will be filming.

- | | |
|---|--|
| <input type="checkbox"/> County Roads/ Property | <input type="checkbox"/> City of Paso Robles |
| <input type="checkbox"/> City of Arroyo Grande | <input type="checkbox"/> City of Pismo Beach |
| <input type="checkbox"/> City of Atascadero | <input type="checkbox"/> City of San Luis Obispo |
| <input type="checkbox"/> City of Grover Beach | <input type="checkbox"/> State Parks_____ |
| <input type="checkbox"/> City of Morro Bay | <input type="checkbox"/> Private property |

General Information (*Attach additional sheets as necessary*)

Date of Application: _____

Dates of Production: _____

Title of Production: _____

Production type: Still Film Video Multimedia Other _____

Classification: Commercial Industrial TV Multimedia Student
 Educational Feature Short Documentary

A.) Primary Production Company

Name: _____

Address: _____

City: _____ Phone: _____

Fax: _____ Email: _____

Web: _____

B. Filming Company (if Different)

Name: _____

Address: _____

City: _____ Phone: _____

Fax: _____ Email: _____

Web: _____

C. Contact Person:

Name: _____

Address: _____

City: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

D. Local Production office

Name: _____

Address: _____

City: _____ Phone: _____

Fax: _____

E. Insurance: Provide insurance certificates as required by each jurisdiction.

Insurance provider: _____ Policy No. _____

F. Total site number of cast & crew: _____ Estimated room nights: _____

G. Locations/ Activities/ Dates: (*Attach additional sheets as necessary*)

1. Give a detailed description of the production.
2. Summarize filming dates. Hours and Location. Include arrival of support crew and last to leave.
3. If filming on private property applicant is required to obtain the property owner's permission, consent and/or lease for use of the property. Please provide owner's name, address, phone.

H. Describe the extent to which the normal use of property or location will be altered or obstructed, i.e. stopping traffic, etc.:

I. List the number and type of vehicles you will bring, number of parking spaces required, parking locations and anticipated hours of use. (Trucks, autos, vans, cater, motorhomes, picture cars, camera cars, generator, trailer)

J. Will you need streets or parking lots posted "No Parking?" : Yes No
If "Yes" give dates, times and locations.

Date(s) Time Location(s)

K. Will you need traffic flow on any street or parking lot stopped? Yes No
If "Yes" give dates, times and locations.

Date (s) Time Location (s)

L. Will you have any device that will create a continuous or intermittent noise that may be considered excessive or irritating when compared to normal level of noise in the area?
 Yes No If "Yes", describe:

M. Will you need pedestrian flow on any sidewalk stopped? Yes No
If "Yes", please describe:

N. List the number and types of aircraft to be used. Include the "N" number of each and whether it will be a camera mount aircraft or action aircraft. Also please describe minimum altitude of each aircraft and where it will land at any location outside of San Luis Obispo County Airport, Oceano County Airport or Paso Robles Municipal Airport. FAA clearance will be verified.

Aircraft Type "N" Number Describe intended use

FAA Flight Plan#: _____

FAA Office Contacted: _____

Name: _____ Phone: _____

O. Will any vehicles or aircraft be crashed or damaged as a part of the production?
 Yes No If "Yes" give location and describe scene in detail:

P. Will any explosives or other pyrotechnics be used? Yes No If "Yes" give location and describe scene.

Technician: _____ License # : _____

Phone: _____ F/X Permit #: _____

Q. Will weapons be used? Yes No If "Yes" give location and describe scene:

R. Written notice must be sent to each resident and/or business on the street(s) where pedestrian flow, vehicle traffic or parking will be affected. The notice must include: Production company name and address; title of production; date and time of filming; and a name and phone number of a local person responsible for production. Please indicate specific areas to be noticed.

Statement of Hold Harmless and understanding

Applicant and the organization they represent, hereby agrees to comply with the production permit condition, all City, County and state laws, rules and regulations, with the understanding that failure to do so could result in the revocation of the permit and cancellation of the production. Applicant agrees to pay all costs for the use of City/ County employees and equipment at the rates established by the permitting jurisdiction(s). Applicant further agrees to hold harmless and indemnify the permitting jurisdiction(s) and its officers, employees and agents for any injury, loss, damage, liability, cost or expense arising from this production, or facilities and equipment relating to this production, or that may arise by reason of any claim or action whatsoever against the activities of requested personnel.

Signature: _____ Date: _____

Print name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

For Official Use Only	
<input type="checkbox"/> Application Fee, Date received: _____	Amt. \$ _____ Check # _____
<input type="checkbox"/> Proof of Insurance _____	
Permit issued by: _____ Title: _____	
<input type="checkbox"/> Date Permit completed: _____	<input type="checkbox"/> Date Faxed _____
<input type="checkbox"/> Date Copy of Permit faxed to San Luis Obispo County Film Commission (805/543-9498) _____	