

## City of Pacifica Parks, Beaches, and Recreation Department 540 Crespi Drive Pacifica, CA 94044 cityofpacifica.org



## **Motion Picture or Photography Permit Form**

- A site map is required for all shoot or filming locations.
- Please call the Parks, Beaches, and Recreation Dept. at 650-738-7378 for availability.
- A four (4) week notice is required to process a permit.
- Commercial rates start at \$615/day for a small project
- A major commercial permit rate starts at \$1231.00 plus additional fees may be determined based on the number of vehicles, impact on area, city staff time, etc.
- Student project/Non-profit rate: \$102 (students must show ID, non-profits must submit non-profit status letter).
- The FAA regulates the use of drones, and unmanned aircraft systems (UAS) are currently prohibited in portions of the City of Pacifica. Please contact the Pacifica Police Department at 650-738-7314 for more information.

1.		Contact Infor	mation		
Company N	Jame				
Contact Nar	ne		Title:		
Address					
City		State		Zip:	
Phone		Email			
Alt. Phone		Web Address			
Director				Cell	
Production Manager				Cell	
Location Manager				Cell	
Signature:		Date:			
Signature:		Date:			
Non-Profit ID#		Student Film School Name:			

2.			Production	Details			
	Motion Picture	Commercial Film	Photograph	ny -Commercial	Student Fil	m/Non-Profit	
Date	(s)						
Day(s) of week:			Time	Times of shoot:			
Loca	tion of Shoot:		Num	Number of cast/crew:			
Neig	Neighborhood advisory notice required at listed locations:						
Desc	Description of Film/Shoot: Photography/Feature Film/Music/Other:						
Daga	niha tuna and siza	of Vahiolog/Tayalra/Egy	inmont ugodi				
Describe type and size of Vehicles/Trucks/Equipment used: (Camera Truck/Generator/Boom / 5-ton, 10-ton, step-van, etc.)							
Sum	marized Scenes:						
2			Payment Info	ormation			
3. Fees	 : Commercial ra	te starts at \$600, Major			0. Students/N	on-Profits \$100	
	services requested			· · · · · · · · · · · · · · · · · · ·	,	<u> </u>	
	Police De	epartment		Publi	c Works Depa	rtment	
	Fire Depa	artment		Other	r (specify)		
		Visa	Master Card		nex		
Full 1	Name on Card:	<del></del>					
Credit Card Number:				Exp Da	ate:	CVC:	
	rance Company N						
-	-	isted on the insurance policy be submitted 30days before	event				
OFFICE USE							
Estin	nated Balance: \$				alance Due:\$		
Paid	by: Check #	Cash:		Permit #:	Date Paid	in Full:	

Additional Information