

Film Permit Application

City of San Juan Capistrano
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
949 493-1515



Date Received: _____	Permit # : _____
Staff Initial: _____	Issue Date: _____

Please note the following:

1. This request DOES NOT constitute a permit to film/commercial photography in San Juan Capistrano.
2. Applicant/permittee is required to submit a request at least five (5) working days prior to date of filming activity is to occur.
3. A complete application must be submitted to the Financial Services Department.

APPLICANT INFORMATION	
Applicant (Company Name): _____	
Address: _____	Telephone: _____
	Fax: _____
	E-mail: _____
Location Manager: _____	Cell: _____
Asst. Location Manager: _____	Cell: _____
Director: _____	Phone: _____
Producer: _____	Phone: _____
FILMING DETAILS	
Type of Production:	
<input type="checkbox"/> Feature <input type="checkbox"/> Commercial <input type="checkbox"/> TV Series <input type="checkbox"/> Music Video <input type="checkbox"/> Documentary	
<input type="checkbox"/> Student <input type="checkbox"/> Still Photo <input type="checkbox"/> Other: _____	
Filming Activity:	
Any activity not selected on application but engaged in at location will not be permitted and is cause to revoke permit.	
<input type="checkbox"/> Int. Dialogue <input type="checkbox"/> Wet Down <input type="checkbox"/> Street Closure <input type="checkbox"/> Camera on Sidewalk <input type="checkbox"/> Camera on Street <input type="checkbox"/> Nudity	
<input type="checkbox"/> Ext. Dialogue <input type="checkbox"/> Drive w/ traffic <input type="checkbox"/> Amplified Sound <input type="checkbox"/> Running Shots <input type="checkbox"/> Stunts or Special Effects	
<input type="checkbox"/> Drive By's <input type="checkbox"/> Drive Ups/Away <input type="checkbox"/> Other: _____	

Signature of Applicant: _____ Date _____

Print Name: _____

PERSONNEL / VEHICLES

of Cast members:

of Crew members:

*PARKING PLAN MUST BE ATTACHED

*NO PARKING signs must be posted 48 hours in advance of your call time.

*Any equipment not selected on application will not be permitted and if used on location will give cause to revoke permit.

List Quantities

Personal Cars: _____ Catering: _____ Port-a-potties: _____ Semi-Trucks: _____ Motor Homes: _____

Generators: _____ Trailers: _____ Picture Cars: _____ Cub Trucks: _____ Vans: _____

Condors: _____ Camera Trucks: _____ Other: _____

LOCATION # 1

Address or Intersection:

Date(s): _____ to _____

*Time: _____ to _____

Structure Type:

Open to public? yes no

Summary of Scene(s):

*Special Effects: yes no FX# _____ Name: _____

LOCATION # 2

Address or Intersection:

Date(s): _____ to _____

*Time: _____ to _____

Structure Type:

Open to public? yes no

Summary of Scene(s):

*Special Effects: yes no FX# _____ Name: _____

FOR CITY USE ONLY

Community Services Department : _____
Signature *Date*

Recommendations: _____

Police Department: _____
Signature *Date*

Recommendations: _____

Fire Department: _____
Signature *Date*

Recommendations: _____

FEES:

Application/Processing: _____

Location: _____

Business License: _____

Police Personnel: _____

Fire Personnel: _____

Parking: _____

TOTAL _____

- Attachments:*
- Location Agreement(s)
 - Parking Plan
 - Insurance Certificate
 - Special Effects License
 - Signatures