

# CITY OF SANTA CLARA PHOTOGRAPHY/FILMING PERMIT

1500 Warburton Avenue  
Santa Clara, CA 95050  
(408) 615-2219

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Project Title: \_\_\_\_\_

Address: \_\_\_\_\_

Production Type: \_\_\_\_\_

\_\_\_\_\_

Location Mgr: \_\_\_\_\_

\_\_\_\_\_

Production Mgr: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Date	Time	Location and Activity	F/C/S*

\*Film/Construct/Strike

Total Personnel: \_\_\_\_\_ Total Vehicles/Equipment: \_\_\_\_\_

Generator: \_\_\_\_\_ Cars: \_\_\_\_\_ Trucks: \_\_\_\_\_ RVs: \_\_\_\_\_ Other: \_\_\_\_\_

Animals: \_\_\_\_\_

Pyrotechnics: \_\_\_\_\_ Special Effects Permit#: \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ Pyrotechnician License#: \_\_\_\_\_

Police requested: \_\_\_\_\_ Fire requested: \_\_\_\_\_ Other requested: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Permittee agrees to all the terms and conditions of this permit including provisions in the attached ordinance.

Company Representative: \_\_\_\_\_ Representing: \_\_\_\_\_  
(signature)

*To be completed by City*

Approvals: Police: \_\_\_\_\_ Fire: \_\_\_\_\_ Other: \_\_\_\_\_

Other provisions: \_\_\_\_\_ Attachments: \_\_\_\_\_

This permit must be cancelled by \_\_\_\_\_ or permittee will be charged approximately \_\_\_\_\_  
for personnel costs.

Permit#: \_\_\_\_\_

Copy of Filming permit blank with title.xls