

Photography and Film Permitting Application

City Manager's Office | 500 Castro Street, Mountain View, CA 94041 FilmPermitting@MountainView.gov | 650-903-6301 | Fax: 650-962-0384

| Please review <u>FAQ</u> prior to completing film application. Completed packet with signatures must be returned with all forms 10 business days before production. Packets received less than 10 business days before production may be denied. | | | | |
|--|--|--|--|--|
| (1) Submission of Permit Application | | Application D | Application Date: | |
| 1A) Please email or fax a copy of this application for initial review.1B) Send entire document with original signature. Final approval requires original signature. | | | | |
| (2) Contacts | | | | |
| Company/Phot | ographer Name: | | | |
| | | City: | | |
| | | e: Phone: | | |
| | | Contact Email: | | |
| | | Location Manager: | | |
| | | Producer: | | |
| On-Location Co | ontact: | On-Location Cell (required):_ | | |
| (3) Project Details Project Date (required): Title or Product (required): Project Description (required): List talent (if applicable): | | | | |
| (4) Project Type | | | | |
| | | | | |
| Mark all that ap | pply to project. | | | |
| Mark all that an | pply to project. m | Photography (High-Impact) | | |
| Mark all that ap ☐ Feature Filr ☐ Documenta | pply to project. m | Photography (Low-Impact) | | |
| Mark all that an | pply to project. m | Photography (Low-Impact) | | |
| Mark all that ap ☐ Feature Filr ☐ Documenta | pply to project. m | Photography (Low-Impact) | ☐ Nonprofit | |
| Mark all that ap Feature Film Documenta Film Short TV Series/P | pply to project. m | Photography (Low-Impact) ign Other (please specify): Educational/Student Project | ☐ Nonprofit | |
| Mark all that ap Feature Film Documenta Film Short TV Series/P | pply to project. Commercial Corporate Website/Des Vilot Event | Photography (Low-Impact) ign Other (please specify): Educational/Student Project | ☐ Nonprofit | |
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| Mark all that ap | pply to project. Commercial Corporate Website/Des Vehicle(s) (If applicable | Photography (Low-Impact) ign Other (please specify): Educational/Student Project Type/Length/Size | Nonprofit | |
| Mark all that ap | pply to project. Commercial Corporate Website/Des Code | Photography (Low-Impact) ign Other (please specify): Educational/Student Project Type/Length/Size | Nonprofit | |
| Mark all that ap Feature Film Documenta Film Short TV Series/P (5) Production QTY (6) Fees You will pay ON | pply to project. Commercial Corporate Website/Des Filot Event Vehicle(s) (If applicable Code | Photography (Low-Impact) ign Other (please specify): Educational/Student Project Type/Length/Size Type/Length/Size FILM | | |
| Mark all that ap Feature Film Documenta Film Short TV Series/P (5) Production QTY (6) Fees You will pay ON | Code Comporable Website/Des Code Silot Free per day. | Photography (Low-Impact) ign Other (please specify): Educational/Student Project Type/Length/Size Type/Length/Size FILM n-Impact) | *City Facility Rental | |
| Mark all that ap Feature Film Documenta Film Short TV Series/P (5) Production QTY (6) Fees You will pay ON | Code NE fee per day. 21 Commercial Website/Des Code Code NE fee per day. \$125 Photography (High | Photography (Low-Impact) ign Other (please specify): Educational/Student Project Type/Length/Size Type/Length/Size FILM n-Impact) prate/Short/Web | | |
| Mark all that ap Feature Film Documenta Film Short TV Series/P (5) Production QTY (6) Fees You will pay ON | Code NE fee per day. \$125 Photography (High \$250 Commercial/Corporate Commercial/Corporate Website/Des Website/Des Website/Des Code Code | Photography (Low-Impact) ign Other (please specify): Educational/Student Project Type/Length/Size Type/Length/Size FILM n-Impact) prate/Short/Web | *City Facility Rental Fees must also be paid as applicable | |

Insurance and Locations Pages

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| (7) Insurance | | | | |
|---|--|--|--|--|
| Please be certain to fill out and return all additional forms indicated. | | | | |
| Please note all shoots require liability insurance, endorsements, and liability waiver release forms. | | | | |
| ☐ General Liability Insurance (Minimum \$1,000,000 Coverage) | | | | |
| Automobile Liability Insurance (Minimum \$1,000,000 Coverage) | | | | |
| ☐ Additional Insured Endorsement* ☐ Worker's Compensation | | | | |
| * The City of Mountain View, its officials, officers, employees, and volunteers are to be named as an additional insured for both General Liability and Automobile Liability by means of an additional insured endorsement (e.g., must have an additional insured endorsement/certificate naming the "City of Mountain View" provided by your insurer). | | | | |
| (8) Wavier and Release Form | | | | |
| Hold Harmless Voluntary Assumption of Risk, Release of Liability, and Indemnification Agreement | | | | |
| If you have any questions regarding insurance forms, please contact Risk Management at 650-903-6060. | | | | |
| Additional Comments: | | | | |
| I have reviewed FAQs and submitted all required forms as requested: | | | | |
| Signature: Date: | | | | |
| | | | | |
| (Office Use Only) Received By: Date: Application Complete (V/N2): | | | | |
| Event Date: No. of Days: Total Paid: Application Complete (Y/N?): CMO Risk Management CSD PWD (Traffic) PD FD | | | | |
| (Office Use Only) Sidewalks Only Disability Access Parking per PD | | | | |
| May Not Control Sidewalks Public Right-of-Way | | | | |
| ☐ May Not Control Streets ☐ Camera: Tripod only/Handheld | | | | |
| Comments: | | | | |

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| (8) Location Information | | | | | |
|--|-----|--|--|--|--|
| Indicate street address or cross streets. | | | | | |
| Please list locations by date and time. Note all locations used. | | | | | |
| # Location: | | | | | |
| Date and Day of the Week Interior Start Time End Time Scene Summary | | | | | |
| Exterior Both | | | | | |
| # of Cast & Crew on Location: Generator (type and size): (No Gas Generators Allowed | | | | | |
| Parking Request (Include Map)* Ext. Dolly / Jib Pyrotechnics* List other specialized equipment: | | | | | |
| ☐ Intermittent Traffic Control (Include Map)* ☐ Simulated Violence | | | | | |
| Street Closure* (*Denotes additional permitting, fees, and/or plan submittals required.) | | | | | |
| (Office Use Only) Neighborhood Notification Police Services Fire Services Conditions: Temporary Use Permit Traffic Control Plan Staging Area | | | | | |
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| (Office Use Only) Neighborhood Notification Police Services Fire Services | | | | | |
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FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT RISK MANAGEMENT DIVISION

500 Castro Street, P.O. Box 7540 Mountain View, CA 94039-7540 650-903-6053 | <u>MountainView.gov</u>

VOLUNTARY ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

| | ("Permittee"), have made a request to be permitted |
|---|--|
| on the City of Mountain View ("City") property | at |
| ("Property") for the period of | to conduct a specific work/educational |
| project: | ("Project"). |
| The City is willing to allow me onto City Property if I | agree to the following conditions: |
| the City, its officers, officials, employees, and voluparticipation in said Project | claims for death, personal injury or property damage against unteers that I may sustain or may accrue as a result of my I understand and agree that this waiver and e or in part by the negligent acts or omissions of the City, its |
| | old harmless the City, its officers, officials, employees, and s, demands, injury or damages, or actions that arise out of or behalf or on behalf of a client. |
| own insurance coverage for recovery. My insurance | eration and completion of the Project, I shall look solely to my coverage is primary and noncontributory. I agree to a waiver I may have contracted with against the City by virtue of the |
| | is clearly recognizable, I will obtain a photo release signed by der 18 years of age. It is my sole responsibility to obtain and |
| I understand that this release is a legally binding con | Ily understand the terms used in it and their legal significance. It am not a minor, and epresentations or inducements have been made to me to sign a Project that I am not an agent of the City. |
| THIS IS A RELEASE OF YOUR RIG | HTS, READ CAREFULLY BEFORE SIGNING |
| Permittee Signature | Date |
| | |
| Name and Address (print) | Phone Number |