



Corte Madera Parks & Recreation  
498 Tamalpais Drive, Corte Madera, CA 94925  
Tel. 415-927-5072 Fax. 415-927-7138

### Filming Permit Form

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

#### APPROVALS

Film Permit Application Approved: Yes ( ) No ( ) Reason not approved:

Insurance Approved and Insurance Endorsements Returned to the town

Yes ( ) No ( )

Liability Agreement signed by the permit applicant: Yes ( ) No ( )

Parking Plan Approved: Yes ( ) No ( ) Not Required ( )

Permission of owner of film location obtained by applicant: Yes ( ) No ( ) Not Required ( )

Applicant has paid business license fees: Yes ( ) No ( )

#### FEES/DEPOSIT

Cleanup/Security Deposit required for use of Town property: Yes ( ) No ( )

Town Property to be used: \_\_\_\_\_

Amount of cleanup/security deposit required \$ \_\_\_\_\_

Deposit Paid: Yes ( ) No ( )

Town personnel required: \_\_\_\_\_

Total Town Personnel Fee: \$ \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

City equipment required: \_\_\_\_\_

Total fee \$ \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Twin City Police Officers required: Number of officers: \_\_\_\_\_

Date(s) and Hours required: \_\_\_\_\_

Police Fee \$ \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_

Other Town Personnel required: \_\_\_\_\_

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TO BE FILLED OUT BY APPLICANT

NAME OF APPLICANT (PRINT): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE APPLICATION SUBMITTED: \_\_\_\_\_

APPLICANT'S HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

APPLICANT'S WORK ADDRESS: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_

APPLICANT'S DRIVERS LICENSE NO. \_\_\_\_\_

**BUSINESS LICENSE FEES:** Has the applicant obtained a Town business license to conduct the filming activity in the Town? Yes ( ) No ( )

**STUDENT FILMING ACTIVITY:** Is the filming activity being conducted by a student to fulfill a course requirement? If so, state student's name: \_\_\_\_\_ State name and location of school: \_\_\_\_\_ State name of teacher/professor and course requirement: \_\_\_\_\_

**CHARITABLE FILMING ACTIVITY:** Is the filming activity being conducted/sponsored by a non-profit charitable organization? If so, state name and address of organization. \_\_\_\_\_

Does the organization qualify as a charitable organization/corporation under the federal Internal Revenue Code? Yes ( ) No ( ) Don't know ( )

**IF APPLICATION IS MADE ON BEHALF OF A FILMING COMPANY STATE THE FOLLOWING:**

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

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

Name of Company Officer in charge of the planned filming activity: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**FOR ALL FILMING ACTIVITIES, STATE THE FOLLOWING:**

Title of film production (if any): \_\_\_\_\_

Name of unit manager: \_\_\_\_\_ Tel # \_\_\_\_\_

Name of location manager: \_\_\_\_\_ Tel # \_\_\_\_\_

Local address and telephone number where applicant or location manager can be contacted while the filming activity is being conducted within the Town or Corte Madera.  
Local address: \_\_\_\_\_

Local telephone # \_\_\_\_\_

The Planned Filming Activity will be a:  
Motion Picture ( ) Television ( ) Commercial ( ) Still Photography ( )  
Other ( ) Please describe filming activity:  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF FILMING ACTIVITY:** (state whether filming will be exterior or interior and attach map showing locations within the Town.) Please describe location #1 here. If additional locations will be used in the Town, describe them in Part 1 of attached supplemental application form,  
\_\_\_\_\_  
\_\_\_\_\_

FILMING DATES AT LOCATION #1

Between the Hours:	Film	Construct	Strike
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )

DESCRIBE FILMING ACTIVITY AT LOCATION #1:  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE SETS/STRUCTURES TO BE ERECTED AT LOCATION #1:  
\_\_\_\_\_  
\_\_\_\_\_

**HAZARDOUS FILMING ACTIVITIES:**  
Check if any of the following will be utilized in planned filming activity: Helicopters ( )  
Other Aircraft ( ) Watercraft ( ) Automobile/motorcycle stunts or crashes ( ) Animals ( )  
Open Flame ( ) Explosives ( ) Other Pyrotechnical Effects ( ) Other Stunts ( )

If any of the boxes above were checked, describe activity in full detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Crew \_\_\_\_\_ Total Number of Cast \_\_\_\_\_

Describe number/types of vehicles to be used during filming activity:

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**PARKING PLAN:** Will vehicles/equipment be parked/placed on Town streets? If so, please submit a parking plan by completing Part 2 of the attached supplemental application form.

**OWNER PERMISSION TO FILM ON PROPERTY:** Proof of owner authorization to film on private property must be filed by the applicant before the permit will be issued. A sample authorization form is included in Part 3 of attached supplemental sheet.

**TOWN SERVICES AND FACILITIES:** Would you like to film in a Town park or other Town property, or use Town equipment or services? If so, specify request, and state what alteration, if any, would be made to the Town property (i.e. changing street signs).

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**INSURANCE REQUIRED:**

The applicant must furnish evidence of insurance coverage for the filming activity and obtain insurance endorsements for the Town from the applicant's insurer no later than five (5) business days prior to the filming activity (Corte Madera Municipal Code Section 9.44.120). The deadline for submitting evidence of insurance coverage and endorsements may be waived for good cause by the Parks and Recreation Director if sufficient time remains for the Town to verify the adequacy of the applicant's insurance coverage prior to the filming activity.

The film permit cannot be issued to the applicant until proof of insurance is verified by the Town. The minimum limits of insurance liability, scope of insurance and insurance endorsements required by the Town are set forth in Town of Corte Madera Resolution No. 752. A copy of insurance resolution will be furnished upon request to the applicant. The Parks and Recreation Director will provide the applicant with the necessary insurance endorsements to be completed by the applicant's insurer. Insurance requirements for high hazard film activities are set forth in Section 1 of the insurance resolution. Insurance requirements for non-hazardous filming activities are set forth in Section 2 of the insurance resolution. Applicants who will conduct commercial still photography within the Town which will not pose a significant hazard to persons or property can request a waiver or reduction in insurance coverage required (see Section 3 of the insurance resolution).

**FILM PERMIT APPLICATION – SUPPLEMENTAL ANSWER SHEET**

NAME OF APPLICANT: \_\_\_\_\_

**PART 1:** FOR MULTIPLE FILMING LOCATIONS PROVIDE THE FOLLOWING INFORMATION FOR ADDITIONAL LOCATIONS NOT DESCRIBED IN MAIN PERMIT APPLICATION FORM.

For each Location: Indicate whether exterior or interior filming will be conducted.

LOCATION #2:

\_\_\_\_\_

DESCRIBE SETS/STRUCTURES TO BE ERECTED AT LOCATION #2:

\_\_\_\_\_  
\_\_\_\_\_

DATES AT LOCATION #2

Between the Hours:	Film	Construct	Strike
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )

LOCATION #3:

\_\_\_\_\_

DESCRIBE SETS/STRUCTURES TO BE ERECTED AT LOCATION #3:

\_\_\_\_\_  
\_\_\_\_\_

DATES AT LOCATION #3

Between the Hours:	Film	Construct	Strike
_____	( )	( )	( )
_____	( )	( )	( )
_____	( )	( )	( )

**PART 2:** DESCRIBE PARKING PLAN FOR ALL VEHICLES WHICH WILL BE PARKED ON TOWN STREETS OR PARKING FACILITIES. Please identify driveways, curb zones, and intersecting streets. Show all required parking including personal automobile parking for cast and crew.

Parking for Location #1:

\_\_\_\_\_  
\_\_\_\_\_

Parking for Location #2:

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Parking for Location #3:

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**PART 3:** THE APPLICANT MUST PROVIDE EVIDENCE OF PERMISSION TO FILM ON PRIVATE PROPERTY WITHIN TOWN LIMITS. SUBMIT LETTER OF AUTHORITY OR HAVE THE PROPERTY OWNER FILL OUT THE FOLLOWING:

I hereby give permission \_\_\_\_\_  
(film company or applicant)

to use property located at \_\_\_\_\_  
(address)

for the purpose of filming on the following dates:

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DATE: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Telephone Number of Property Owner: \_\_\_\_\_

Home Address of property owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_