

TUOLUMNE COUNTY FILM COMMISSION
Phone (209) 533-4420 Fax (209) 533-0956

PHOTOGRAPHY & MOTION PICTURE PERMIT APPLICATION

Title of Production _____

Production Company _____

Contact Person _____ Title _____

Address _____

Phone _____ Local Phone _____

DESCRIPTION OF FILMING ACTIVITY: (attach additional pages if necessary)

LOCATION OF FILMING:

Physical Address: _____

Owner Name: _____ Phone Number _____

Directions to site: _____

Site plan attached _____

Date(s) & Hours of Filming _____

Exact number of personnel _____

Exact number and type of vehicles _____

Depending on your response to the following questions, additional permits or clearances may be required. Please allow adequate time for processing permits.

Set/Building construction proposed? __Yes __No If yes, describe:

Will all set structures be removed when filming is complete? __Yes __No
Explain: _____

Will temporary power/electricity be needed? __Yes __No If yes, describe:
 generator temporary pole Other: _____

What sanitary facilities will be used? __Yes __No Existing / Temporary Describe:

Where will garbage and recyclables be disposed of? _____

Will any roads be closed? __Yes__ No If yes, list roads: _____

Will there be any pyrotechnics, special effects or use of any flammable materials?
__Yes __No

Please check applicable boxes below

open flame gunfire smoke special effects pyrotechnics

Describe: _____

Will there be any animals used in production? __Yes __ No If yes, describe:

Is food service proposed? __Yes __ No If yes, describe with company name/phone:

Will food be prepared on site? __Yes __No

Describe:

Will you be flying crew/supplies into a local airport? __Yes __No

If yes, which airport? Columbia Groveland

Will you be on land under jurisdiction of BLM/Forest Service/State Parks? Yes / No

If Yes, where? _____

Will you be filming on or around Sierra Railroad tracks? __Yes __ No

Where will your trucks/equipment be parked? _____

Liability Insurer _____

Permitee agrees to all the terms and conditions of this permit including any attachments.

Production Company Signature

Film Commission Representative

Date

Date

STAFF USE ONLY	<input type="checkbox"/> State Hwy Closure Permit	<input type="checkbox"/> Health Permit
	<input type="checkbox"/> County Road Closure Permit	<input type="checkbox"/> Columbia State Park Permit
	<input type="checkbox"/> Pyrotechnics Permit	<input type="checkbox"/> Railtown Permit
	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Misc. Permit