



Planning Department
16400 Colorado Avenue
Paramount, CA 90723-5050
(562) 220-2036
planning@paramountcity.com

Application for Filming Permit

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. Person in charge of filing activity.

Name: _____

Address: _____

Phone number/Email address: _____

Name and address of employer: _____

2. Address/location where filming is to be conducted.

3. Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone No.: _____

Property Owner's Email Address: _____

(Please provide owner's written permission, consent and/or lease for use of property.)

4. Hours and dates such activity will transpire:

5. Describe the character or nature of the proposed filming activity. Additional pages may be attached.

6. The number of personnel to be involved. _____

7. Describe the use of any animals or pyrotechnics. Additional pages may be attached.

8. Describe the exact amount and type of vehicles and equipment to be involved. Additional pages may be attached.

9. Describe what, if any, city services are desired or required on location during filming for the purpose of assisting the production. Additional pages may be attached.

I have read Chapter 5.64 of the Paramount Municipal Code pertaining to Filming Permits and agree to comply with the provisions therein. I understand that failure to comply with the rules, regulations, and conditions of the permit may result in the cancellation of the permit without prior notice or hearing.

Applicant's Signature

Date

_____ Application
_____ Owner's Consent
_____ Certificate of Liability Insurance
_____ Workers' Compensation Insurance
_____ Hold Harmless Agreement
_____ Faithful Performance Security Deposit, if Applicable (Minimum \$2,500)
_____ Fire Department Approval

Approved by Planning Director or his/her
designee

Date

Denied by Planning Director or
his/her designee

Date