



## Application for Commercial Site Photography Permit

Provide the information requested below. Attach additional sheets, if necessary, to provide required information. Allow at least four (4) business days for processing. You will be notified of the status of your application and the necessary steps to secure your final permit.

### Applicant

Name \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Company

Name \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Project

Wedding  Editorial  Advertising  Stock  Other, explain \_\_\_\_\_

Date of shoot: \_\_\_\_\_ Time: \_\_\_\_\_ (am/pm) to \_\_\_\_\_ (am/pm)

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Insurance company: \_\_\_\_\_

**Talent comprises** anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, visitors, cooperators, volunteers, SOHO staff, etc.

Do you intend to utilize talent?  Yes  No *(If yes, provide names and titles)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Crew *(To include all onsite support staff not previously named above)*

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

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

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

**Identification tags are required for individuals with access to the site**

**Electrical Use**

Generator (*Client provides*):  No  Yes, size \_\_\_\_\_

Lighting (*Client provides*):  None  Reflectors only  Yes, explain \_\_\_\_\_

**Vehicles onsite**

Personal Cars  Large Trucks  Other Trucks  Vans

Make	Model	Year	Color	License Plate #	State

**Contacts**

Person onsite who is responsible for company's adherence to all terms & conditions of the Commercial Site Photography Permit:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Information and billing**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

*Please return to:*

Save Our Heritage Organisation

Attention: Permit Department

2476 San Diego Avenue

San Diego CA 92110

fax: (619) 291-3576

APPROVED (Date) _____
Name _____
Title _____
Signature _____