

Parks, Beaches, and Recreation Department

Pacifica Community Center 540 Crespi Drive Pacifica, CA 94044 (650)738-7378 www.cityofpacifica.org



Motion Picture or Photography Permit Form

- A site map is required for all shoot or filming locations.
- Please start by calling the Parks, Beaches and Recreation Dept. at 650-738-7378 for availability.
- A 60 day notice is required to process a permit.
- Rates start at \$600/day for a small project.
- A major commercial permit rates start at: \$1200 plus additional fees may be determined based on the number of vehicles, impact on area, staff time, etc.
- Student project/Non-profit rate: \$100 (students must show ID, non-profits must submit non-profit status letter).
- The use of drones, and unmanned aircraft systems (UAS) is regulated by the FAA and they are currently prohibited in portions of the City of Pacifica. Please contact the Pacifica Police Department at 650-738-7314 for more information.

1.		Contact Information		
Comp	pany Name			
Contact Name		Title:		
Addr	ess			
City		State Zip:		
Phone		Email		
Alt. Phone		Web Address		
Director		Cell		
Production Manager		Cell		
Location Manager		Cell		
Signature:		Date:		
Signature:		Date:		
Non-Profit ID#		Student Film School Name:		

2. Production Details							
☐ Motion Picture ☐ Commercial	Film Photography	-Commercial [☐Student Film/No	on- Profit			
Date(s)							
Day(s) of week:	Times	of shoot:					
Location of Shoot:	Numbe	r of cast/crew:					
Neighborhood advisory notice required at listed locations:							
Description of Film/Shoot: Photography/Feature Film/Music/Other:							
Describe type and size of Vehicles/Tru (Camera Truck/Generator/Boom / 5-ton, 10-ton, ste							
Summarized Scenes:							
3. Payment Information							
City services requested: □ Police Department	•		Works Departme	nt			
☐ Fire Department		☐ Other ((specify)				
Visa Full Name on Card:	Master Card	Ame	ex				
Credit Card Number:		Exp Date	e: (CVC:			
Insurance Company Name and Policy *City of Pacifica must be listed on the insuran ** Copy of Insurance must be submitted 30do	ce policy ays before event						
Estimated Balance: \$ Final Balance Due:\$							
Paid by: Check #	Cash:\$	Permit #:	Date Paid in Fu	ıll:			

Additional Information