



**CITY OF LAGUNA NIGUEL**  
**30111 Crown Valley Parkway**  
**Laguna Niguel, CA 92677**  
**(949) 362-4300**

## FILM PERMIT APPLICATION

Please complete and return form to Crown Valley Community Center, Attention: Administrative Secretary at least two (2) weeks prior to permit request date.

1. CONTACT INFORMATION		
APPLICANT CONTACT		PHONE
ADDRESS		
CITY	STATE	ZIP
CONTACT EMAIL		
PRODUCTION COMPANY		PHONE
ADDRESS		
CITY	STATE	ZIP

2. PRODUCTION INFORMATION		
PRODUCTION TITLE		
PRODUCTION DATE(S)		
PRODUCTION TYPE (please check)	FEATURE FILM TV SERIES COMMERCIAL MUSIC VIDEO OTHER (please describe):	NONPROFIT STUDENT FILM STILL PHOTO DOCUMENTARY
BRIEFLY DESCRIBE PLOT		

**3. LOCATION ONE INFORMATION**

LOCATION 1	
DATE(S)	TIME(S)
NUMBER OF CAST & CREW	
NUMBER AND TYPES OF VEHICLES	
TYPES OF EQUIPMENT USED	
<b>DESCRIBE PROPOSED FILMING ACTIVITY AT THIS LOCATION</b> Include special effects (i.e. Pyrotechnics, car crashes), driving shots, using public streets, etc. The conditions of your permit will be based on the types of filming activity anticipated. Attach additional sheets if necessary	

**4. LOCATION TWO INFORMATION**

LOCATION 2	
DATE(S)	TIME(S)
NUMBER OF CAST & CREW	
NUMBER AND TYPES OF VEHICLES	
TYPES OF EQUIPMENT USED	
<b>DESCRIBE PROPOSED FILMING ACTIVITY AT THIS LOCATION</b> Include special effects (i.e. Pyrotechnics, car crashes), driving shots, using public streets, etc. The conditions of your permit will be based on the types of filming activity anticipated. Attach additional sheets if necessary	

**5. PRIVATE PROPERTY OWNER ACKNOWLEDGEMENT**

If filming will occur on private property, please provide contact information for property owner.

PRIVATE PROPERTY OWNER NAME	PHONE	
ADDRESS		
CITY	STATE	ZIP
IF APPLICABLE, HAS HOMEOWNERS ASSOCIATION BEEN NOTIFIED?		

**6. AFFADAVIT**

The undersigned as agent and representative of the applicant hereby agrees to the conditions of approval for this permit and further agrees to obtain City approval for any change or deviation from the information provided herein. It is agreed and understood that failure to comply with the conditions of this permit shall cause the permit to be revoked and cancellation of production.

The applicant shall indemnify and hold harmless the city and their officers, agents and employees, and shall defend, indemnify and save harmless the city and their officers, agents and employees, from any and all claims, demands, suits, actions or proceedings of any kind or nature, including workers' compensation claims, of or by any person, in any way resulting from any act or omission of the applicant or such officers, agents or employees of the applicant.

SIGNATURE OF APPLICANT	DATE
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**Section below to be completed by the City of Laguna Niguel**  
 Each of the following departments is requested to indicate terms and conditions that must be met before any film permit is issued.

**7. POLICE SERVICES CONDITIONS**

CONDITIONS	
REVIEWED BY	
NUMBER OF DEPUTIES REQUIRED	
HOURLY RATE	<b>4 HOURS MINIMUM PER DEPUTY</b>
TOTAL DUE FOR POLICE SERVICES	

**8. FIRE AUTHORITY CONDITIONS**

CONDITIONS
REVIEWED BY

**9. COMMUNITY DEVELOPMENT CONDITIONS**

CONDITIONS
REVIEWED BY
ANY FILM RESTRICTIONS WITHIN THE DISTRICT?

10. PARKS AND RECREATION CONDITIONS	
CONDITIONS	
REVIEWED BY	
ANY FILMING ON CITY PARK OR FACILITIES PROPERTY?	
(Location)	
<b>TOTAL SECURITY DEPOSIT DUE</b>	

11. PUBLIC WORKS CONDITIONS	
CONDITIONS	
REVIEWED BY	
ANY FILMING ON PUBLIC STREETS AND/OR SIDEWALKS?	
(Location)	
<b>ENCROACHMENT PERMIT TOTAL DUE</b>	

12. DEPUTY CITY MANAGER APPROVAL	
SIGNED	DATE

13. FINANCE	
<b>FEES DUE</b>	<b>BALANCE DUE</b>
RECEIPT #	DATE

14. ISSUANCE		
<b>PERMIT #</b>	<b>EFFECTIVE DATE</b>	<b>THROUGH</b>

**PLEASE ATTACH PROOF OF INSURANCE, APPLICATION AND ALL APPLICABLE DOCUMENTS TO:**

**Crown Valley Community Center  
 Attention: Administrative Secretary  
 29751 Crown Valley Parkway  
 Laguna Niguel, CA 92677**