

# City Of Mountain View

## Photography and Film Permitting Application

City Manager's Office | 500 Castro St., Mountain View, CA 94040  
city.mgr@mountainview.gov | (650) 903-6301 | Fax: (650) 962-0384

Please review [FAQ](#) prior to completing film application.

Completed packet with signatures must be returned with all forms 10 business days before production.  
Packets received less than 10 business days before production may be denied.

### (1) Submission of Permit Application Application Date: \_\_\_\_\_

1A) Please email or fax a copy of this application for initial review.

1B) Send entire document with original signature. Final approval requires original signature.

### (2) Contacts

Company/Photographer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Application Contact: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Location Manager: \_\_\_\_\_  
Director: \_\_\_\_\_ Producer: \_\_\_\_\_  
On-Location Contact: \_\_\_\_\_ On Location Cell (required): \_\_\_\_\_

### (3) Project Details

Project Date (required): \_\_\_\_\_  
Title or Product (required): \_\_\_\_\_  
Project Description (required): \_\_\_\_\_  
List talent (if applicable): \_\_\_\_\_

### (4) Project Type

Mark all that apply to project.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Feature Film    | <input type="checkbox"/> Commercial     | <input type="checkbox"/> Photography (High-Impact)                                       |
| <input type="checkbox"/> Documentary     | <input type="checkbox"/> Corporate      | <input type="checkbox"/> Photography (Low-Impact)  |
| <input type="checkbox"/> Film Short      | <input type="checkbox"/> Website/Design | <input type="checkbox"/> Other (please specify): _____                                   |
| <input type="checkbox"/> TV Series/Pilot | <input type="checkbox"/> Event          | <input type="checkbox"/> Educational/Student Project <input type="checkbox"/> Non-Profit |

### (5) Production Vehicle(s) (If applicable)

QTY	Type/Length/Size

### (6) Fees Code: 710100-4 \_\_\_\_\_ FILM

You will pay ONE fee per day.

- \$125 Photography (High-Impact)
- \$250 Commercial/Corporate/Short/Web
- \$350 Feature Film/Documentary
- \$0 Non-Profit/Student/ Photography (Low-Impact)--Fee Waived\*\*

\*City Facility Rental  
Fees must also be paid  
as applicable

Total # of Days: \_\_\_\_\_ Total Due: \_\_\_\_\_

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## Insurance and Locations Pages

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### (7) Insurance

Please be certain to fill out and return all additional forms indicated.

Please note all shoots require liability insurance, endorsements, and liability waiver release forms.

- General Liability Insurance (Minimum \$1,000,000 Coverage)
- Automobile Liability Insurance (Minimum \$1,000,000 Coverage)
- Additional Insured Endorsement\*       Worker's Compensation

\* The City of Mountain View, it's officials, officers, employees and volunteers are to be named as an additional insured for both general liability and automobile liability by means of an additional insured endorsement (e.g., must have an additional insured endorsement/ certificate naming the "City of Mountain View" provided by your insurer).

### (8) Wavier and Release Form

- Hold Harmless Voluntary Assumption of Risk, Release of Liability, and Indemnification Agreement

If you have any questions regarding insurance forms please contact Risk Management at (650) 903-6060.

Additional Comments:

I have reviewed FAQs and submitted all required forms as requested:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office Use Only) Received By:

Date:

Event Date:

# of Days:

Total Paid:

Application Complete (Y/N?):

CMO

Risk Management

CSD

PWD (Traffic)

PD

FD

(Office Use Only)

Sidewalks Only

Disability Access

Parking per PD

May Not Control Sidewalks

Public Right of Way

May Not Control Streets

Camera: Tripod only / Handheld

Comments:

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**(8) Location Information**

**Indicate street address or cross streets.**

**Please list locations by date and time. Note all locations used.**

#	<input type="checkbox"/>	Location: _____
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Date and Day of the Week	<input type="checkbox"/> Interior	Start Time	End Time	Scene Summary
	<input type="checkbox"/> Exterior			
	<input type="checkbox"/> Both			

# of Cast & Crew on Location:   Generator (type and size): \_\_\_\_\_ (No Gas Generators Allowed)

Parking Request (Include Map)\*     Ext. Dolly / Jib     Pyrotechnics\*    List other specialized equipment:

Intermittent Traffic Control (Include Map)\*     Simulated Violence

Street Closure\* (\*Denotes additional permitting, fees and/or plan submittals required )

(Office Use Only)     Neighborhood Notification     Police Services     Fire Services

Conditions:     Temporary Use Permit     Traffic Control Plan     Staging Area

#	<input type="checkbox"/>	Location: _____
---	--------------------------	-----------------

Date and Day of the Week	<input type="checkbox"/> Interior	Start Time	End Time	Scene Summary
	<input type="checkbox"/> Exterior			
	<input type="checkbox"/> Both			

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Finance and Administrative Services Department • Risk Management Division  
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540 • 650-903-6060 • FAX 650-968-5472

**VOLUNTARY ASSUMPTION OF RISK, RELEASE OF LIABILITY AND  
INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, have made a request to be permitted on the City of Mountain View's property at \_\_\_\_\_ for the period of \_\_\_\_\_ to conduct a specific work/educational project.

The City of Mountain View is willing to allow me onto City property if I agree to the following conditions:

I hereby waive, release and discharge any and all claims for death, personal injury or property damage against the City of Mountain View, its officers, officials, employees and volunteers that I may sustain or may accrue as a result of my presence on and travel to and from City property. I understand and agree that this waiver and release includes claims or damages caused in whole or in part by the negligent acts or omissions of the City, its officers, officials, employees and volunteers.

In addition, I agree to indemnify, defend and hold harmless the City, its officers, officials, employees and volunteers from any and all liabilities for claims, loss, demands, injury or damages or actions that arise out of or relate to my participation of the work/educational project on my own behalf or on behalf of a client.

I also agree that in the event of a loss due to my operation and completion of the project I shall look solely to my own insurance coverage for recovery. My insurance coverage is primary and noncontributory. I agree to a waiver of any right to subrogation which any such insurer I may have contracted with against the City by virtue of the payment of any loss under such insurance.

If you are going to use a photo/video of a person in which the face is clearly recognizable, you will obtain a photo release signed by the individual or by the guardian if the person is under 18 years of age. It is your sole responsibility to obtain and retain the release documentation.

I have carefully read this release form and I fully understand the terms used in it and their legal significance. I understand that this release is a legally binding contract between the City and me. I am not a minor and I am fully competent to enter this release. No oral representations or inducements have been made to me to sign this release. I understand that while working on this project I am not an agent of the City.

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address (print)

\_\_\_\_\_  
Phone Number