



Application for Commercial Site Photography/Film 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 |
|------|-------|------|-------|-----------------|-------|
| | | | | | |
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Contacts

Person onsite who is responsible for company's adherence to all terms & conditions of the Commercial Site Photography/Film 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
PO Box 80788
San Diego CA 92138

Or scan both pages and email to
SOHOSandiego@aol.com

| |
|-----------------------|
| APPROVED (Date) _____ |
| Name _____ |
| Title _____ |
| Signature _____ |