



County of San Bernardino

FILMING PERMIT APPLICATION

Date: _____

Company: _____

Address: _____

Co. Phone: _____ / _____

Co. FAX: _____ / _____

Production Dates (To be covered by this permit.): _____

Project Title: _____

Location Manager: _____

Phone: _____ / _____

Production Manager: _____

Phone: _____ / _____

Other Contact: _____

1. Production Type: TV Episodic Feature Film Music Video Corporate Video TV Commercial TV Movie Other: _____

2. Total Personnel: _____ **Total Vehicles/Equipment:** _____

3. Equipment Detail (Supply exact number of each item to be used at filming location(s).) : Generators: _____ Cars: _____ Trucks: _____ RVs: _____ Other: _____

4. Insurance: Before a film permit is issued, a certificate of insurance must be submitted. Insurance certificate must be issued by insurance underwriters "admitted" by the California Insurance Commission and rated 'A' or 'B+' by Best's Key Rating Guide. Requirements are:

- Proof of Workman's Compensation.
- \$10,000,000 Aircraft Liability When Applicable.
- Minimum \$1,000,000 General Liability Limit.
- County of San Bernardino Named as Additional Insured.
- County of San Bernardino Employees Named as Additional Insured.

Insurance Certificate Attached. Insurance Certificate will be submitted by time _____ and date _____.
 Insurance Certificate On File. Insurance Certificate Not Available.

Insurance Company: _____ Expiration Date: _____

5. Location Shoot Specifics: Please give specifics about your shoot below, attach sheets if more space is needed. You must include the name(s) of property owner(s), address(es), nearest cross streets and telephone number(s) of the filming location(s). Also describe all scene(s) to be filmed (including animals, pyrotechnics and stunts.)

Date	Time	Location and Activity	P/F/S*

* Prep/Film/Strike

Section below to be completed by County Permit Staff for Still Photography Permits only.

6. Property Owner Permission Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Police Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Road Encroachment Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Fire Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

10. **Traffic:** If filming is planned on County street(s) and/or County property, please submit a site plan showing location(s) of cast, crew, vehicle(s) and the route to be traveled in order to film a scene.

Site Plan Attached. Site plan will be submitted by time _____ and date _____. Site Plan Not Available.

Describe your plan for controlling traffic, (i.e. personnel and devices to direct traffic): _____

If filming is to take place on County streets, please describe planned arrangements for temporary restrooms and removal of refuse generated by your production: _____

11. **Stunts/Special Effects:** If your project will involve stunts or special effects, please provide detailed information about the specifics planned: _____

Pyrotechnics Specifics: _____

Pyrotechnician: _____ License #: _____

Hazardous Materials to be used: _____

Wild Animals to be used: _____

12. **Aerial Stunts/Elements:** Please detail any aerial stunts, helicopter landings, hot-air balloons, etc. to be utilized in your shoot.: _____

Section below to be completed by issuing agency.

Permit # Granted: _____ **Agency Issuing Permit:** _____

Approved by: _____ **Title:** _____

Application Fee: \$ _____ **Location Fee (_____ days x \$ _____ /day): \$** _____ **TOTAL DUE: \$** _____

Conditions of Approval: _____

Special Approvals/Permits Required:

- No Special Approvals/Permits Required
- Police Department Approval
- FAA Approval
- PM-10 Permit
- Road Encroachment Permit
- Fire Department Approval
- Property Owner
- Homeowner Association

Attachments: _____

Other provisions: _____

This permit will be effective _____ **through** _____
(Date & Time) (Date & Time)

Permittee agrees to all the terms and conditions of this permit including provisions listed at the bottom of this form and any attachments.

Applicant's Name: _____ **Representative of:** _____
(Company Name)

Permittee waives all claims against County of San Bernardino, its officers, agents and employees, for loss or damage caused by, arising out of or in any way connected with the exercise of this permit and permittee agrees to hold harmless, indemnify and defend County of San Bernardino, its officers, agents and employees, from any and all loss, damage or liability which may be suffered or incurred by County of San Bernardino, its officers, agents and employees caused by, arising out of or in any way connected with exercise by permittee of the rights hereby permitted, except those arising out of the sole negligence of the County of San Bernardino. • County of San Bernardino shall have the privilege of inspecting the premises covered by the permit at any or all times. • This permit shall not be assigned. • County of San Bernardino may terminate this permit at any time if permittee fails to perform any covenant herein contained at the time and in the manner herein provided. County of San Bernardino agrees it will not unreasonably exercise this right of termination. • The parties hereto agree that the permittee, its officers, agents and employees, in the performance of this permit shall act in an independent capacity and not as officers, employees or agents of the County of San Bernardino. • No alteration or variation of the terms of this permit shall be valid unless made in writing and signed by the parties hereto. • Permittee agrees to comply with the terms and conditions contained in the attached Exhibit(s), which terms and conditions are by this reference made a part thereof. • The permittee hereby agrees to comply with all the rules and regulations of the facility or institution subject to this permit. • Permit must be kept on site at all times. • County of San Bernardino makes no representation or warranty as to condition of any property or facilities used by permittee, and it is the responsibility of permittee to fully inspect all such property and facilities to determine their condition prior to their use, and in going forward, assumes all risks associated with the condition of property or facilities.

COUNTY OF SAN BERNARDINO - TRANSPORTATION DEPARTMENT
ROAD PERMIT SECTION
825 E. THIRD STREET
SAN BERNARDINO, CA. 92415-0835
(909) 387-8046

ACCOUNT NO.: 75

Fee: _____

APPLICATION FOR FILMING PERMIT

PLEASE PRINT

NAME OF PERMITTEE _____

DATE(S) OF ACTIVITY _____

MAILING ADDRESS _____

ACTIVITY START TIME _____

CITY _____ STATE _____ ZIP CODE _____

ACTIVITY END TIME _____

AUTHORIZED SIGNATURE
INLAND EMPIRE FILM COMMISSION

CONTACT PERSON _____

()
TELEPHONE NUMBER _____

DATE AND TIME TO BE FAXED: _____

PLEASE INDICATE WHICH COUNTY ROAD(S) YOU WILL UTILIZE DURING THE EVENT (INCLUDE A MAP SHOWING YOUR LOCATION): _____

PLEASE INDICATE SPECIFIC ACTIVITIES TO BE PERFORMED: _____

Prior to issuance of permit, Certificate of Insurance must be faxed to the County Transportation Department, Permit Section, showing coverage of at least \$1,000,000 General Liability Insurance (the **ORIGINAL** must be mailed the next working day). The Certificate of Insurance must list the COUNTY OF SAN BERNARDINO TRANSPORTATION DEPARTMENT as additionally insured.

PERMITTEE AGREES TO INDEMNIFY THE COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES AGAINST AND HOLD THEM HARMLESS OF AND FROM ALL CLAIMS AND LIABILITIES OF ANY KIND ARISING OUT OF, IN CONNECTION WITH OR RESULTING FROM NEGLIGENCE ON PART OF PERMITTEE, ITS OFFICERS, AGENTS, CONTRACTORS AND EMPLOYEES IN CONNECTION WITH WORK UNDERTAKEN UNDER THIS PERMIT, AND DEFEND COUNTY AND ITS OFFICERS, COMMISSIONS, AGENTS AND EMPLOYEES FROM ANY SUITS OR ACTIONS AT LAW OR IN EQUITY FOR DAMAGES, AND PAY ALL COURT COSTS AND COUNSEL FEES.

WILL EVENT REQUIRE ANY OF THE FOLLOWING?

YES NO If yes, please list pyrotechnics, explosives, etc. (must be signed off below) _____

Officers needed as follows: _____

Traffic Control Devices needed per CHP recommendation: _____

CALIFORNIA HIGHWAY PATROL APPROVAL

OFFICE IN CHARGE OF FILMING ACTIVITY

AUTHORIZED SIGNATURE

() ()
PHONE NUMBER FAX NUMBER

AUTHORIZED FIRE AUTHORITY

OFFICE IN CHARGE OF FILMING ACTIVITY

AUTHORIZED SIGNATURE

() ()
PHONE NUMBER FAX NUMBER



Inland Empire Film Commission

County of Riverside
County of San Bernardino
Bureau of Land Management
(951) 779-6700

Special Effects and Hazardous Conditions Worksheet

Permit # _____ Date _____

Special Effects Coordinator _____ License # _____

Company _____ Telephone # _____

Address _____

Location(s) _____

Assistants _____ License # _____

Assistants _____ License # _____

Activity/Special FX Materials (please note quantities to be used for each material listed): _____

Date(s) of Activity: _____ Time(s): _____

* **Permittee Signature** _____ **Date** _____

* **Fire Signature** _____ **Date** _____

* **Sheriff Signature** _____ **Date** _____

San Bernardino County

Fire Department – Ron Avanzolini – 909-829-4441 ~ *Sheriff's Department* – Dawn - 909-387-3589

Riverside County Fire Department – Frank Kawasaki - 951-955-4777 ~ Ron Arbo - 951-955-4872

If Fire determines you need to - contact the *Sheriff's Department*: Frank Anderson - 951-955-6611

Please fax this form and a copy of the Front and Back of your State Pyrotechnics License(s) to (951) 779-0294 (ATTN: Sheri Davis). You must also mail a hard copy to the address below.

This form and a copy of your license(s) are required before a permit can be issued.

NOTE: San Bernardino County Sheriffs requires a County License in addition to a State License.

1201 Research Park Drive, Suite 100, Riverside, CA 92507

info@filminlandempire.com

www.filminlandempire.com

(951) 779-6700 (951) 779-0294 fax



INLAND EMPIRE FILM COMMISSION

County of Riverside • County of San Bernardino

1201 Research Park Drive, Suite 100
Riverside, CA 92507
(951) 779-6700 • (951) 779-0294 Fax

CREDIT CARD PAYMENT FORM

Name (as printed on card): _____

Company (if applicable-
as printed on card): _____

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____

Phone Number: _____

Fax Number: _____

VISA **MASTERCARD** **Expiration Date:** _____
(circle one)

Credit card Number:

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Amount: \$ _____

Signature: _____ **Date:** _____

Below for IEFC use only		Permit #:
Processing Fee:		
Rider Fee:		
Other:		
TOTAL:		

**COUNTY OF SAN BERNARDINO
ANIMAL STIPULATIONS FOR COMMERCIAL FILMING**

1. Animals not endemic to the area shall be under the control of **qualified handlers at all times**. Animals shall **NOT** be allowed to feed on natural vegetation.

2. Permittee is responsible for providing appropriate feed and water for the animals. Animals shall be fed non-germinating pellets or certified weed-free hay for two days prior to filming **AND** during filming on-location within the County of San Bernardino. Animals will be either tied to a parked vehicle; contained in a free standing fenced corral; and/or housed within a trailer in a parking area or road, when not in use.

3. All animal “waste” shall be removed from the land on a daily basis. Transmission of diseases from domestic animals to wildlife will be avoided through appropriate action (vaccines, avoidance of contact, etc.).

Permittee acknowledges, by signing below, that he/she knows, understands and accepts the terms and conditions under which this permit is issued.

Permittee Signature

Animal Wrangler Signature

Permittee Name (please print)

Animal Wrangler Name (please print)

Title

Date

Date

Address

City, State, Zip

Phone number