FILMING PERMIT APPLICATION GUIDELINES

1. Please fill out the filming permit application form. Attach a detailed description of the project if needed.

2. Please submit your certificate of insurance at the same time as the permit application.

3. Noticing of neighboring residences and businesses is required unless applicant can show that it is not applicable. Notices should be distributed 48 hours before any filming activity is to take place. Notices should include the location, dates and times of all anticipated filming activities, including anticipated set-up and break-down times. Notices should include a contact number for the filming applicant. The City’s contact number (528-5710) should also be included on the notice.

4. If filming will be in or near a City Park, filming times must be within the regular open hours of the park, unless a specific request for additional times is requested and granted by the Recreation and Community Services Director. Depending upon the request, a signature survey of adjacent neighbors may be requested in this situation.

5. Film permit fees are $363 per day (Fiscal Year 2014-15), plus any city cost and the fee for an encroachment permit that may be required if the filming impacts the public right-of-way (sidewalks, parking, etc.). Fees are in the City’s Master Fee Schedule, which may be found online at www.albanyca.org. Student films and non-profit films may request a waiver of fees.

Contact Information:

Nicole Almaguer
Assistant City Manager/City Clerk
City of Albany
1000 San Pablo Avenue
Albany, CA 94706
Email: nalmaguer@albanyca.org
TEL: (510)528-5722

Thanks for filming in Albany!
FILMING PERMIT APPLICATION
1000 San Pablo Avenue - Albany, CA  94706
(510) 528-5722

Application Date: ___________ Project Name: __________________________

Film Company or Individual Applying ______________________________________

Type of project: ________________________________________________________
 (student project, training, non-profit, commercial film, etc.)

Contact Person _________________________________________________________

Daytime & Evening Telephone Numbers _________________________________

Company Mailing Address _______________________________________________

Email Address _________________________________________________________

Filming Location(s) Requested
_____________________________________________________________________
_____________________________________________________________________

Date(s) Requested ______________________________________________________

Times: From _______________ To ______________________

Approximate Number of Participants ______________________________________

Number/Type of Vehicles ________________________________________________

Assembly Area _________________________________________________________

Describe your project, attach a separate page with project details, if needed:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Use of Public Right-of-Way? Yes ______  No ______
Will Traffic Control be Needed? Yes ______  No ______
Use of Street Barriers Requested? Yes ______  No ______
Use of Pyrotechnics or any type of Weapons? Yes ______  No ______
Delivery of Barriers Requested? Yes ______  No ______

If you check yes to any of the above questions, please describe in detail on a separate sheet. Additional fees may apply pursuant to the current City of Albany Master Fee Schedule.

It is understood and agreed that any special conditions must be complied with. Group Insurance must be obtained with a single limit coverage applying to Bodily and Personal Injury and Liability Damage in the amount of $1,000,000. The City shall be named as an additional insured on the policy. Film permit fees are pursuant to the current Master Fee Schedule.

_______________________________________           ___________________
Film Company Representative Signature                        Date

_______________________________________
Title/Position
DEPARTMENTAL APPROVALS

FIRE COMMENTS: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Recommend: Approval ☐ Denial ☐.

POLICE COMMENTS: _________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Recommend: Approval ☐ Denial ☐.

COMMUNITY DEVELOPMENT & ENVIRONMENTAL RESOURCES COMMENTS:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Recommend: Approval ☐ Denial ☐.

RECREATION & COMMUNITY SERVICES COMMENTS: (Required if City Parks will be used)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Approved (if required) Yes ☐ No ☐.

PUBLIC WORKS COMMENTS: _________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Recommend: Approval ☐ Denial ☐.

The filming company or representative shall pick-up street barriers, place the barriers and return them to the Maintenance Center. Otherwise a Barrier Fee will apply.

Is Barrier Fee Being Applied? Yes ☐ No ☐.
CITY MANAGER’S OFFICE:

Group Insurance must be obtained with a single limit coverage applying to Bodily and Personal Injury and Liability Damage in the amount of $1,000,000. The City shall be named as an additional insured on the policy.

IS PROOF OF INSURANCE ATTACHED?  Yes □  No □.

Have appropriate Department Heads given their approval?  Yes □  No □.

CHECK THAT FEES HAVE BEEN PAID?  Yes □.

APPLICATION IS:  Approved □  Denied □.

________________________________ ____________________________
Assistant City Manager    Date