



City of Rosemead
Film Permit
Application Packet

City of Rosemead
Planning Division
8838 East Valley Boulevard
Rosemead, CA 91770
Phone (626) 569-2140
Fax (626) 307-9218

FILM PERMIT PROCEDURE CHECKLIST

COMPLETED APPLICATION PACKET:

- Application
- Hold Harmless Agreement
- Proof of Insurance with a Minimum of \$1,000,000
- Letter of Authorization from Property Owner
- Security Plan (if Applicable)
- Noise Study (if Applicable)
- Sanitation Plan (if Applicable)
- Medical Plan (if Applicable)
- Site Plan and Floor Plan of All Filming, Staging, and Parking Areas
- Verification From School/Professor (Student Film Only)
- Los Angeles County Fire Department Approval

FEES:

- Permit Fee (See Attached Fee Schedule)
- City of Rosemead Public Safety Staff (See Attached Schedule of Fees)
- A Refundable Bond May Be Required to Ensure Site Clean-Up

PROOF OF NOTIFICATION:

- Street Posting at Least 72 Hours Prior to the Proposed Start Date and Time

NOTIFICATION OF NEIGHBORS

The production manager must notify, in writing, all persons who might be affected by the event within three hundred (300) feet if:

- The production, including preparation through strike will exceed 48 hours; and/or
- The production, including preparation through strike will take place between the hours of 10:00 pm and 6:00 am

Any comments or concerns from persons within a 300 foot radius may be taken into consideration as part of the review process

NOTE: The notice must be reviewed and approved by the City prior to neighborhood distribution

This application, as well as any other necessary documents must be returned to:

City of Rosemead
Planning Division
8838 East Valley Boulevard
Rosemead, CA 91770
Phone (626) 569-2140
Fax (626) 307-9218

Film Application Packet and Instructions

To be Returned Prior to Issuance of the Film Permit:

- Insurance Information - Before a Film Permit can be issued, the applicant must provide a Certificate of Liability Insurance and Evidence of General Liability Insurance Coverage in an amount of not less than one million dollars (\$1,000,000), combined single limit bodily injury and property damage for each occurrence.

List as the Certificate Holder:
City of Rosemead
8838 East Valley Boulevard
Rosemead, CA 91770

You must also provide additional Insured Endorsement containing the following wording:

"The City of Rosemead or its agents, its officers, and employees, are named as additional insured with respect to liability arising out of (name of event) to be held on (dates of the event)."

- Hold Harmless - A Hold Harmless agreement may be required.
- Clean-up Deposit - A refundable clean-up deposit may be required by the Public Works Department prior to the issuance of the permit. Your clean-up deposit will be returned if the area used for the event has been cleaned and restored to the same condition as existed prior to the event. The organizer will be billed for any clean-up expenses incurred by the City, such as damage to City property, or removal of any city equipment. The clean-up deposit may be waived at the discretion of the City Manager or his/her designee.



Film Permit Application

Planning Division
8838 E. Valley Blvd
Rosemead, CA 91770
Phone (626) 569-2140 Fax (626) 307-9218

Please Note the Following:

- 1 This request does not constitute a permit to film in Rosemead.
- 2 This application must be filled out thoroughly before it will be reviewed.
- 3 All application fees must be paid in full before the application will be reviewed.
- 4 All applications must be received a minimum of two (2) full working days prior to preparation of the film site. If there may be any traffic concerns, the Application must be submitted a minimum of four (4) days before preparation of the film site, and if there may be any traffic closures, the Application must be submitted a minimum of ten (10) days before the preparation of the site begins.

Applicant Information	
Organization: _____	Location Manager: _____
Address: _____	Phone Number: _____
City: _____	Email Address: _____
State: _____ Zip: _____	
Event Day Contact: _____	Phone Number: _____
NOTE: Location manager must always be available during filming event	
Production Details	
Address or Intersection: _____	
Structure Type: _____	Normally Open To Public <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you requesting the use of City Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, which property? _____	
Proposed Start Date: _____	Proposed End Date: _____
Proposed Start Time: _____	Proposed End Completion Time: _____
Type of Production	
<input type="checkbox"/> Feature	<input type="checkbox"/> Commercial
<input type="checkbox"/> Documentary	<input type="checkbox"/> Student Film
<input type="checkbox"/> TV Series	<input type="checkbox"/> Music Video
<input type="checkbox"/> Other _____	
Is this a student film for purposes of a class assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School: _____	
Name of Professor: _____	
Professor Phone Number: _____	
Professor Email: _____	
Type of Production	
<input type="checkbox"/> Int. Dialogue	<input type="checkbox"/> Outdoor Lighting
<input type="checkbox"/> Ext. Dialogue	<input type="checkbox"/> Wet Down
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Street Closure
<input type="checkbox"/> Camera on Street	<input type="checkbox"/> Camera on Sidewalk
<input type="checkbox"/> Running Shots	<input type="checkbox"/> Drive Bys
<input type="checkbox"/> Stunts/Special Effects	<input type="checkbox"/> _____
Summary of Scenes	

Special Effects: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Squibs/Bullet Hits	<input type="checkbox"/> Explosion
<input type="checkbox"/> Fire Effects	<input type="checkbox"/> Sparks
<input type="checkbox"/> Stunts	<input type="checkbox"/> Gunfire
Hours Requested _____ To _____	
NOTE: FRONT AND BACK COPY OF THE LOS ANGELES COUNTY FIRE DEPARTMENT SPECIAL EFFECTS PERMIT IS REQUIRED WITH APPLICATION	

Personnel and Vehicles

Estimated Daily Attendance:

Number of crew: _____ Number of Cast: _____
Number of Supporting Vendors: _____ Total Estimated Attendance _____

Production Vehicles: Does your site have adequate parking? Yes No
Personal Cars: _____ Catering: _____ Semi-Trucks: _____
Motor Homes: _____ Trailers: _____ Cub Truck: _____
Vans: _____ Camera Truck: _____ Other: _____

Estimated number of vehicles: _____

Event Location: _____

Will the event require street closures? Yes No

Street closure times: From _____ To _____

Describe requested street closures including all affected intersections: _____

Projected Traffic Plan must be attached for review by the Public Works Department. All Traffic Plans and street closures are subject to the approval of the Rosemead City Council. For assistance with the Traffic Plans, please contact the Public Works Department. The Public Works Department reserves the right to make adjustments and additions to the plan.

Security

The event applicant is required to provide adequate security for the event, either in the form of a licensed private security company, or by contracting deputies from the Los Angeles County Sheriff's Department. A Security Plan must be submitted with the application for review. The City of Rosemead Public Safety Department and the Los Angeles County Sheriff's Department reserve the right to make security requirements based on the nature of the event, the venue, and the expected attendance. All cost incurred for security will be the event holders expense.

Have you contracted a private security firm? Yes No Firm Name _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____ Email: _____

Medical Plan

It is the location manager's responsibility to ensure the first aid and medical services needs for all parties related to the filming event are met. The City's recommendation is that a medical services company be contracted to provide first aid services.

Have you contracted a medical services firm? Yes No Firm Name _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____ Email: _____

Sanitation	
Does the event site have sufficient permanently plumbed restrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be contracting with a company to provide portable toilets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name: _____	License #: _____
Address: _____	Phone #: _____
City: _____ State: _____ Zip: _____	Email: : _____
Number of portable toilet units Provide 1 portable toilet for each 100 production members expected and 10% of those must be ADA accessible.	
Number of portable toilets _____	Number of ADA toilets _____
Describe plan for site clean-up and refuse removal: _____	

NOTE: Production area/facility must be returned to "pre-production" condition within one (1) day of the conclusion of the production including the removal of all equipment, portable toilets, etc.

Site Plan Worksheet

- 1 Show all street names that border the event area.
- 2 Show fences and exit ways.
- 3 Give dimension distances between production and staging areas and public right-of-ways, buildings, temporary structures, trailers, etc.
- 4 Include portable generator, flammable liquid storage areas, cooking areas (including type, i.e. gas, electrical, etc.), and temporary power supply location(s).
- 5 Parking Spaces

The Undersigned Permittee hereby agrees to all of the terms and conditions of the permit including the requirements of Chapter 5.36 RMC and including any attachments. The City of Rosemead complies with all regulations set by the Los Angeles County Fire Department, therefore, the undersigned agrees to comply with all of said regulations. The Permittee hereby understands that, if necessary, a permit must be cancelled at least twenty-four (24) hours prior to the first day of filming.

Applicant Name

Applicant Signature

Date

Schedule of Fees

Permit Fee

Permit Fee, First Day	\$100.00 First Day
Each Additional Day	\$50.00 Each Add'l Day

Encroachment Fees

Street Closures/Blockage (per day)	\$400.00 Day/Location
Commercial Filming (During Day Time)	\$400.00 Per Working Day
Commercial Filming (During Night Time)	\$800.00 Per Working night/Weekend/Holiday

Personnel Fees (Per Hour)

Community Services Officer	\$50.00 Per Hour
Parking Control Officer	\$50.00 Per Hour
Code Enforcement Officer	Fully Burdened Hourly Rate Plus 10%

LASD*

Fully Burdened Hourly Rate
* LASD Personnel Requirements and Rates Shall Be Determined by LASD, NOT by the Film
Production Company.



City of Rosemead

Hold Harmless Agreement For Film Permit

I/We, _____, as an entity requesting a Film Permit from the City of Rosemead shall hereby indemnify and save harmless the City of Rosemead or its agents, officers, and employees from and against any and all damages to property or injuries to, or death of any person or persons, including property and employees or agents of the city, and shall defend, indemnify and save harmless the City of Rosemead or its agents, officers, and employees from and against any and all claims, demands suits actions or proceedings of any kind or nature, including but not by way of limitation, worker's compensation claims, resulting from or arising out of negligent acts, errors or omissions of the above stated company, its employees or subcontractors.

Furthermore, I the undersigned hereby acknowledge that I am a representative/officer of the subject entity with the authority to enter into this agreement on their behalf.

Name

Entity

Signature

Date



IMPORTANT CONTACTS

City of Rosemead Contact

Administration Department	(626) 569-2124
Community Development Department - Planning Division	(626) 569-2140
Public Works Department	(626) 569-2262
Public Safety Department	(626) 569-2292
Parks and Recreation Department	(626) 569-2160

Los Angeles County Sheriff's Department

Temple Station	(626) 285-7171
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Los Angeles County Fire Marshal

City of Industry Field Office	(626) 336-6950
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Los Angeles County Department of Public Health

Monrovia Field Office	(626) 256-1600
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Consolidated Disposal Service

(800) 299-4898

City of Rosemead
Permission To Use Property For
Photography And Filming Form

Property Owner Information or Legal Representative

Check One: I am the Owner Legal Represenetative

If Legal Representative, state the nature of representation _____
and provide the property owner information below:

Name of Property Owner _____

Phone () _____ Email _____

I/We, _____

_____, Rosemead, California 91770,
(Street Address)

hereby give permission for:

(Name of Film Company)

For the purposes of photography/filming scenes of: _____
Project Title

on the following date(s) _____ to _____

and times between _____ and _____

In order to be granted a Photography/Filming Permit, the Permittee must apply for all necessary permits and meet all requirements by the City of Rosemead. Once a permit is granted all personnel required to ensure public safety must be on location. By signing the permit application, the Permittee has agreed to abide by all City, County, State, and Federal regulations and any specific guidelines applicable to your neighborhood. A copy of the City of Rosemead's Filming Policy and Guidelines is available at the City of Rosemead City Hall located at 8838 Valley Blvd., Rosemead, CA 91770, or online at www.cityofrosemead.org.

By signing this form, the property owners/tenants understand that the City of Rosemead is exempt from any liability from any property damage or injury to property owner/tenants, family, employee(s), or any other personnel or animal on the property during the production, including, set-up, removal of props and equipment, and operation of vehicles.

OWNER OR LEGAL REPRESENTATIVE

Print Name

Telephone Number

Sign Name

Date



**LOS ANGELES COUNTY FIRE DEPARTMENT
FIRE PREVENTION DIVISION - PUBLIC SAFETY & FILM UNIT**

14425 Olive View Drive, Sylmar, California 91342
Office (818) 364-8240 FAX (818) 364-8242
psfu@fire.lacounty.gov

MOTION PICTURE / FILMING PERMIT REQUEST

IN ACCORDANCE WITH CHAPTER 1, SECTION 105 OF THE 2011 L.A. COUNTY FIRE CODE AND/OR IN ACCORDANCE WITH TITLE 19, CALIFORNIA CODE OF REGULATIONS, FOR THE FOLLOWING:

This permit shall constitute permission to conduction motion picture, television and commercials and related filming productions. Such permit shall not take the place of any license required by law. The Motion Picture/Filming fee is \$282.00.

APPLICANT INFORMATION					
Name: *			E-Mail: *		
Address: *		City: *		State: *	ZIP: *
Office Phone #: *	Ext:	Cell Phone #: *	Agency Permit #:		Application Date: *

*Required

PRODUCTION COMPANY INFORMATION					
Production Company Name: *					
Address: *		City: *		State: *	ZIP: *
E-Mail: *		Office Phone #: *	Ext:	FAX #: *	

*Required

FILMING LOCATION/DATES/TIMES							
Production Title: *					Production Type: *		
Location Manager: *					Cell Phone #: *		
Primary Location Address: *				Date: *	to	Time: *	
Cross Street:	# Cast on Site: *	# Crew on Site: *	# Extras on Site: *	Aircraft* <input type="checkbox"/> Y <input type="checkbox"/> N	# of Generator(s): *	TG Map:	
Summary of Scene: *							
Secondary Location Address:				Date:	to	Time:	
Cross Street:	# Cast on Site:	# Crew on Site:	# Extras on Site:	Aircraft <input type="checkbox"/> Y <input type="checkbox"/> N	# of Generator(s):	TG Map:	
Summary of Scene:							
Additional Location Address: PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY				Date:	to	Time:	
Cross Street:	# Cast on Site:	# Crew on Site:	# Extras on Site:	Aircraft <input type="checkbox"/> Y <input type="checkbox"/> N	# of Generator(s):	TG Map:	
Summary of Scene:							
Base Camp Location/Address:					TG Map:		
Prep Date:				Strike Date:			

*Required

FILMING ACTIVITIES

- | | | | | | | |
|--|---|---|--|---|---|---|
| <input type="checkbox"/> Open to Public | <input type="checkbox"/> Driving Scene | <input type="checkbox"/> Special FX | <input type="checkbox"/> Car Explosion | <input type="checkbox"/> Fire Bars | <input type="checkbox"/> Street Closure | <input type="checkbox"/> Helo Activity Landing |
| <input type="checkbox"/> Closed to Public | <input type="checkbox"/> Drive Ups/Away | <input type="checkbox"/> Breaking Glass | <input type="checkbox"/> Dust Hits | <input type="checkbox"/> Fire Effects | <input type="checkbox"/> Aircraft Landing | <input type="checkbox"/> Helo Activity Take Off |
| <input type="checkbox"/> Exterior Dialogue | <input type="checkbox"/> Drive By's | <input type="checkbox"/> Bullets/Squib Hits | <input type="checkbox"/> Explosions | <input type="checkbox"/> Sparks | <input type="checkbox"/> Aircraft Flyovers | <input type="checkbox"/> Vacant Building |
| <input type="checkbox"/> Interior Dialogue | <input type="checkbox"/> Still Photo | <input type="checkbox"/> Burn Barrels | <input type="checkbox"/> Fire Ball | <input type="checkbox"/> Posted Parking | <input type="checkbox"/> Aircraft Refueling | |
| <input type="checkbox"/> Other | | | | | | |

FIRE DEPARTMENT REQUIREMENTS - PUBLIC SAFETY & FILM UNIT USE ONLY (Form 394A Rev 5/2011)

FSO FSA FI WATER TRUCK ISSUED BY _____ DATE _____ REMARKS _____

