

APPLICATION FOR PHOTOGRAPHY/FILMING PERMIT

Permittee			
Address			
City	State	Zip_	
Contact Person	Phone ()_	Fax	x ()
Production Manager	Loca	ation Manager	
Email			
Type of Production (e.g., Motion/Still/Port	rait)	Title	
Facility Name (e.g., Irvine Regional Park)			
Specific Location			_
Description of Activity			
Date(s) Exact Hour	`S	# Days	# Personnel
Vehicles/Equipment			
	PERMIT FEE	<u>ES</u>	
Still Portrait or Commerical Photography			
Filming		0.00 / Day + \$1000.00	
All fees and deposits are due upon subn Reservations and Permits Unit will coord			
deposit, insurance requirements, supple issuance.	-		- · · · · · · · · · · · · · · · · · · ·
An <u>initial</u> non-refundable filing fee of \$75 application and will be applied to the total			
		, ,	. ,
Describe any need to alter site			
My signature below acknowledges I agree Provisions for which I hereby apply, and I			
Signature of Applicant:		Date:	
(Permit cannot be pro	cessed without legible	signature) Phone: <u>(</u>)
OC Pa	MAIL OR DELIVE arks Reservations an 13042 Old Myford	nd Permits Unit	

Irvine, California 92602

Phone: (866) 627-2757 Fax: (714) 973-3336 Public Counter Hours: Mon-Fri: 8:00 a.m.-4:00 p.m.

A MINIMUM OF 30 CALENDAR DAYS IS REQUIRED FOR PROCESSING. PLEASE BE ADVISED THAT SOME REQUESTS MAY TAKE LONGER.