



CITY OF MAYWOOD FILMING REQUIREMENTS

4319 East Slauson Avenue * Maywood, California 90270

Tel: (323) 562-5723 * Fax: (323) 773-2806

1. Film permits are issued in the Building Department under the direction of the Director of Building and Planning.
2. The City will need a lead-time of three working days.
3. There is a one-time charge for the duration of the project of \$450.00 for filming and \$45.00 for still photography. Fees are non-refundable. Permits are good for more than one day at more than one location. Changes in previously completed permits can be made over the counter. Other fees that might possibly be involved are staff time plus benefits.
4. Insurance is required at \$1,000,000 per application with the City of Maywood named as an additional insured.
5. Special Requirements: Residential area filming must stop by 10:00 p.m. and any road closures or traffic control must be cleared with the Maywood Police Department.

If you have any further questions, please feel free to contact this department at (323) 562-5723.



PROJECT NO. _____

Date: _____

CITY OF MAYWOOD
4319 East Slauson Avenue *Maywood, California 90270
Tel: (323) 562-5000 * Fax (323) 773-2806

F I L M I N G P E R M I T

1. Applicant requests the issuance of a ☐ State ☐ County ☐ City ☐ Multijurisdictional Film permit to:

COMPANY NAME	PHONE
ADDRESS	
APPLICANT / CONTACT PERSON	PHONE
APPLICANT'S SIGNATURE	

2. The applicant is a/an ☐ individual ☐ production company.

3. The name of the production is: _____

4. This is a/an: ☐ Commercial ☐ Motion Picture ☐ Educational ☐ Television
☐ Still Photography ☐ Other (specify) _____

5. Applicant requests permission to work on _____ through _____,
commencing at _____ a.m. /p.m. through _____ a.m./p.m. at the following location:

A. Location:

BUSINESS NAME	PROPERTY OWNER	PHONE
ADDRESS		
HOURS:		
SET-UP		CLEAN UP
DATES/DAYS:		

PROJECT NO. _____

Date: _____

B. Location:

BUSINESS NAME _____ PROPERTY OWNER _____ PHONE _____

ADDRESS _____

HOURS: _____

SET-UP

CLEAN UP

DATES/DAYS: _____

C. Location:

BUSINESS NAME _____ PROPERTY OWNER _____ PHONE _____

ADDRESS _____

HOURS: _____

SET-UP

CLEAN UP

DATES/DAYS: _____

6. The location(s) is/are ☐ State ☐ County ☐ City ☐ Private property

7. The location(s) is/are in ☐ residential ☐ commercial ☐ industrial areas.

8. The filming activity scheduled to be conducted is described as follows:

9. Number of individuals in cast and crew: _____

10. Types and number of vehicles:

☐ Automobiles _____ ☐ Motor homes _____ ☐ Trucks _____
☐ Catering trucks _____ ☐ Vans _____ ☐ Trailers _____
☐ Other (specify) _____

11. Provide a Site Plan of Set-Up to include vehicle and filming locations.

12. Additional Information:

PROJECT NO. _____

Date: _____

FOR DEPARTMENT USE ONLY

1. Fees: ☐ Filming \$450 ☐ Photography \$45 ☐ Paid ☐ Waived /required

b. Certificate of Liability Insurance

c. Endorsement only ☐ Endorsed (see reverse)

1. Types and number of additional craft:

☐ Airplanes _____ ☐ Military craft _____ ☐ Helicopters _____ ☐ Boats _____☐ Other specify: _____

2. Applicant request special assistance at the location:

☐ Street closure ☐ Traffic control ☐ Emergency services☐ Other specify: _____3. Applicant does/does not intend to use: ☐ Animals ☐ Chemical ☐ Explosives ☐ Fire

DEPARTMENT APPROVALS

☐	Approved	_____		
☐	Deny	Building & Planning	Date	Comments
☐	Approved	_____		
☐	Deny	Fire Department	Date	Comments
☐	Approved	_____		
☐	Deny	Recreation & Parks	Date	Comments
☐	Approved	_____		
☐	Deny	Police	Date	Comments
☐	Approved	_____		
☐	Deny	Public Works	Date	Comments
☐	Approved	_____		
☐	Deny	City Attorney	Date	Comments
☐	Approved	_____		
☐	Deny	Finance	Date	Comments