

DEPARTMENT OF PUBLIC WORKS LAND DEVELOPMENT DIVISION

Film Permit No._____

FILM ENCROACHMENT PERMIT

Name of Filming	Company:	Contact Person's	Phone Number(s):
Filming Company	y Address:	Contact Person's	Email Address:
Contact Person's	s Name:	Contact Person's	Address (if different from above):
Date(s) of Filmin	g:		
Filming Location	(s):		
Area Needed (le	ngth of roadway):		
Area for Parking			
-			
officers, agents injuries or death permitted herein. Acceptance by	and employees for an to persons, or damage	ny and all claims, liabilities or cau	ndemnify the County of Marin, its uses of action, including claims for of or in connection with the activity
Film Company:_	Signat	ure Title	Date
		elow this line for County use only NG LOCATIONS AND DATES:	SEE ATTACHED CONDITION
no activity other	than specifically men		permit is to be strictly construed and v. Commercial filming operation is oplicant, location(s) and schedule.
Film Permit Fee:	\$	ROSEMARIE GAGI MARIN COUNTY R	LIONE OAD COMMISSIONER
Application Fee:	<u>\$65.00</u>	DEPUTY:	
Total:	\$	DATE:	

Marin County Civic Center, Room 304, P.O. Box 4186, San Rafael, CA 94913 | Phone: (415) 473-3755 cc: Road Foreman, CHP, Sheriff, Field, Office