



LAKE CASITAS RECREATION AREA

APPLICATION FOR COMMERCIAL FILMING & PHOTOGRAPHY USE

11311 Santa Ana Road Ventura, CA 93001 Phone: (805) 649-2233 Fax: (805) 649-4661

ALLOW 60 DAYS FOR PROCESSING

Project Information: **Film** **Still Photography**

One Day – Date: ___/___/20___ Multi-day – Dates: ___/___/20___ - ___/___/20___

Production Title: _____

Contact Person: _____ 24-hr Phone: _____

Location Requested (Attach map or diagram if necessary):

Event Area Picnic Area 1 Santa Ana Ramp Coyote Ramp

Campground(s) _____ Other _____

Check* if off road use proposed and explain below (*If checked CMWD Board and/or USBR approval may be required)

Exclusive Use/Area Closures: _____

Category of filming:

TV Commercial Still Photography

Video Feature Film

Student Project (must provide letter from school on letterhead with application)

School Name: _____

Other (specify) _____

Film/Photography Description:

Please provide a description of the project (attach additional narrative if necessary):

Special Needs: _____

Production Company:

Company Name: _____ Contact: _____

Address: _____ City: _____

State: _____ ZIP: _____ Telephone: _____ Fax: _____

Filming Dates, Hours, Crew, Vehicles:

Arrival/Set-up Date: _____ Time: _____

Filming Date: _____ Filming Hours: _____

Filming Date: _____ Filming Hours: _____

Strike Date: _____ Time: _____

Crew: _____ # Talent: _____ # Cars: _____ # Trucks: _____ # Other (catering, trailers, props): _____



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Explain: _____

Filming Activity:

Indicate all that apply: *(Explain any * items, as these may require CMWD Board / USBR approval)*

- | | | |
|---|---|---|
| <input type="checkbox"/> – Exterior Dialogue | <input type="checkbox"/> – Cranes * | <input type="checkbox"/> – Stunts * |
| <input type="checkbox"/> – Interior Dialogue | <input type="checkbox"/> – Lighting Trucks * | <input type="checkbox"/> – Tow Shots * |
| <input type="checkbox"/> – Running Shots | <input type="checkbox"/> – Night Filming * | <input type="checkbox"/> – Wet Down * |
| <input type="checkbox"/> – Drive Up/Away | <input type="checkbox"/> – Oversized Equipment * | <input type="checkbox"/> – Aircraft * |
| <input type="checkbox"/> – Unusual Costume | <input type="checkbox"/> – Pyrotechnics † | <input type="checkbox"/> – Generator(s) over 50 bhp * |
| <input type="checkbox"/> – Customer Access Control | <input type="checkbox"/> – Set Building * | <input type="checkbox"/> – On Site Refueling *♦ |
| <input type="checkbox"/> – Traffic Control | <input type="checkbox"/> – Building/Façade Changes * | <input type="checkbox"/> – Non Aquatic Mechanical Device(s) * |
| <input type="checkbox"/> – Lane Closure * | <input type="checkbox"/> – Any Dirt Disturbance * | |
| <input type="checkbox"/> – Animals * | <input type="checkbox"/> – Simulated Gunfire/Loud Noise * | |
| <input type="checkbox"/> – Body Contact with Lake * | <input type="checkbox"/> – Lighting Kites * | |

† Ventura County Fire Department Permit & MSDS sheets required – Perchlorate based pyrotechnics NOT ALLOWED

▪ CA State Permit & inspection by Ventura County Air Pollution Control District required

♦ Spill Response Plan and Equipment required

Explain any * Items: _____

Security:

Describe Security/Monitoring/Enforcement: _____

Name of Outside Security Company: _____

Address: _____

Contact Name: _____ Cell #: _____ Work #: _____



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Fees:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shoot Rate/Day \$ _____ | <input type="checkbox"/> APSO (ITC)/Hour \$ _____ | <input type="checkbox"/> Non Refundable Deposit \$ _____ |
| <input type="checkbox"/> Prep Rate/Day \$ _____ | <input type="checkbox"/> Patrol Boat/Hour \$ _____ | <input type="checkbox"/> _____ \$ _____ |
| <input type="checkbox"/> Site Rep/Day \$ _____ | <input type="checkbox"/> 3-Yd Dump/Each \$ _____ | <input type="checkbox"/> _____ \$ _____ |
| <input type="checkbox"/> Security Deposit: \$ _____ | Hold <input type="checkbox"/> Deposit \$ _____ | <input type="checkbox"/> _____ \$ _____ |

If Hold explain: _____

Location Coordinator: _____ Cell #: _____ Date: _____

Prod. Rep. (Print Name): _____ Signature: _____ Date: _____

Insurance Requirements:

Permittee shall supply proof of public liability insurance from an insurance company licensed to do business in the state of California and having a financial rating in the Best's Insurance Guide of not less than AA VII. Such insurance shall provide "occurrence" coverage against liabilities for death, personal injury, or property damage arisen out of or in any way connected with the project. Such insurance shall be in the minimum amount of \$1,000,000.00 combined single limit, and shall name the Casitas Municipal Water District and its officers, employees, agents, and registered volunteers as additional insured under the coverage afforded. Such insurance shall be primary and noncontributing with respect to any other insurance available to the District and shall include a severability of interest (cross-liability) clause. A copy of the policy or certificate of insurance, along with an endorsement page naming the Casitas Municipal Water District as an additional insured, shall be filed with the District prior to the filming event.

I, _____, the below signed, do hereby certify that I have read and understand the terms and attached regulations and procedures of this application. I agree on behalf of this organization to pay any and all fees required by this permit.

INDEMNIFICATION: Applicant covenants and agrees to indemnify and hold harmless the Casitas Municipal Water District, its officials, officers, and employees from any claim of personal injury, wrongful death, and/or property damage by reason of any act done or permitted to be done by applicant in, upon or about the premises utilized by the applicant, or arising out of or connected with the occupation, use, and enjoyment of said premises by applicant.

Signature of Authorized Representative

Date



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DO NOT WRITE ON THIS PAGE – THIS PORTION FOR CASITAS USE ONLY

<input type="checkbox"/>	Location Agreement	Date Received: _____
<input type="checkbox"/>	General Liability Insurance (Min \$1 Million)	Date Received: _____
<input type="checkbox"/>	Endorsement	Date Received: _____
<input type="checkbox"/>	Workers' Comp <input type="checkbox"/> Worker's Comp Waiver	Date Received: _____
<input type="checkbox"/>	State of CA Generator Permit	Date Received: _____
	Ventura County APCD Inspection Date: _____	
<input type="checkbox"/>	Ventura County Fire Department Firearm Permit	Date Received: _____
<input type="checkbox"/>	Ventura County Fire Department Pyrotechnic Permit	Date Received: _____
<input type="checkbox"/>	MSDS Fact Sheets	Date Received: _____
	Reviewed by: _____	Date Reviewed: _____
<input type="checkbox"/>	MSDS Fact Sheets Attached	

Are all areas of the filming taking place in the Recreation Area? Yes No

If "No" explain: _____

Based on the above, this filming is considered exempt from NEPA/CEQA/USBR/CMWD approval

Yes No If "Yes" explain why: _____

Based on the above, this filming will require USBR & CMWD Board approval

Yes No If "Yes" explain why: _____

 Park Services Manager

 Date

USBR Notification by email (Threshold #1 & #2): _____ Date: _____

USBR Categorical Exclusion Checklist submitted: _____ Date: _____

USBR Permit Requested: _____ Date: _____ Permit Received: _____ Date: _____

Wtr. Qual. Supervisor Review Required Yes No Date Requested: _____ Date Received: _____

Compliance with CA Health Code – Lab Supervisor Signature: _____ Date: _____

Rec Committee Review Required Yes No Date Requested: _____ Date Received: _____

CMWD Board Meeting Approval: Yes No Date Received: _____