

# District of West Vancouver - Film Permit Application (UPDATED JUNE 2020)

Applicant Information		
Local Production Company:		
Date of Application:	Phone:	Fax:
Address:		
City:	Province:	Postal Code:
Corporate Registry #:		
Parent Company:	Phone:	Fax:
Address:		
City:	Province:	Postal Code:
Production Information		
Production Title:		
Production Type: <input type="checkbox"/> TV Series <input type="checkbox"/> Feature Film <input type="checkbox"/> Music Video <input type="checkbox"/> TV Pilot <input type="checkbox"/> Commercial <input type="checkbox"/> Mini-Series <input type="checkbox"/> Documentary <input type="checkbox"/> Still Photography <input type="checkbox"/> TV Movie <input type="checkbox"/> Short <input type="checkbox"/> Web Series		
Other: _____		
Proposed Activities: <input type="checkbox"/> Gun Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Car Stunt <input type="checkbox"/> Wet Downs <input type="checkbox"/> Rain or Snow <input type="checkbox"/> Stunts <input type="checkbox"/> Tow Shots <input type="checkbox"/> Animals <input type="checkbox"/> Fire <input type="checkbox"/> Park Use <input type="checkbox"/> Drive up / away <input type="checkbox"/> Exterior Set <input type="checkbox"/> Helicopter <input type="checkbox"/> Employees 14 or u <input type="checkbox"/> Drive by	Start Date: _____	End Date: _____
	# of Filming Days (anticipated):	# of crew on location:
	# and Type of Vehicles:	
Municipal Employees required (specify):		
Desired Parking Location(s) - Please attach Map(s) with areas labeled.		
Production Contacts:		
Primary Production Contact:	Cell:	
Location Manager:	Cell:	
Assistant Location Manager:	Cell:	
Production Manager:	Cell:	
Producer(s):	Cell:	
<b>Has the Production developed a COVID-19 Safety Plan as per WorkSafeBC?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Will the production post the COVID-19 Safety Plan at the filming location(s)?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Indemnification Clause:		
Except due to sole negligence or willful misconduct of the District of West Vancouver or its servants or employees, the applicant agrees to indemnify and save harmless the District of West Vancouver, its elected and appointed officers, agents, servants, and employees from and against all liability, claims, damages, losses, costs, actions, causes of actions, suits, proceedings, expenses and demands of every kind, description, and nature whatsoever, including legal fees and disbursements, arising out of or in any way connected with the issuance of this permit or with the use of District of West Vancouver properties pursuant to this agreement. This permit may be revoked at any time.		
_____	Signature of Authorized Representative	_____
Date		Title
_____	Signature of West Vancouver Risk Management Representative	_____
Date		Title
Attachments		
The following are included:		
<input type="checkbox"/> Production Information Sheet	<input type="checkbox"/> Proof of Insurance Coverage for Production Companies	
<input type="checkbox"/> Map with Desired Parking Location(s)	<input type="checkbox"/> Film Application Fee	
<input type="checkbox"/> Location Specific Public & Crew COVID-19 Safety Plan		

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## Production Information Sheet

Location Description	
Location #1:	
Date:	Time:
Scene Details (Please be as specific as possible, including stunts, pyrotechnic, street usage etc):	
Location Description	
Location #2:	
Date:	Time:
Scene Details:	
Location Description	
Location #3:	
Date:	Time:
Scene Details:	

Send application package to:

West Vancouver Municipal Hall – 2nd Floor Film Office  
750 17th Street West Vancouver BC V7V 3T3  
OR [film@westvancouver.ca](mailto:film@westvancouver.ca)