



Film Permit Waiver Statement

County of Ventura • Resource Management Agency • Planning Division
800 S. Victoria Avenue, Ventura, CA 93009-1740 • (805) 654-2478 • ventura.org/rma/planning

Date of Distribution: _____

Film Permit Case Number: _____

Property Number from Address List: _____

NOTICE TO RESIDENT

The film production described below requires approval from a majority of the residences living in the vicinity of the filming location prior to issuance of a film permit.* A representative from the film production company will distribute this waiver form and request your consideration. You, as the resident, may decide to either approve or disapprove of the proposed filming activities. The County of Ventura is not endorsing the film production and you are under no obligation to approve this waiver statement. If you have questions about the film permit waiver process, please contact Robert Nesovic, Ventura County Film Permit Coordinator, at (805) 654-2457.

Production Company: _____ Location Manager: _____

Name of Production: _____

This film production will require waivers due to the following:

- | | |
|---|--|
| <input type="checkbox"/> After hours filming activities
(i.e. before 7:00 am or after 10:00 pm) | <input type="checkbox"/> Excessive light, glare, or dust |
| <input type="checkbox"/> Excessive noise
(e.g. explosions, gunfire, aircraft, etc. within 2,000 ft.) | <input type="checkbox"/> Traffic delays of more than 3 minutes |
| | <input type="checkbox"/> Other: _____ |

All filming activities (including set-up, prep, tear down, etc.) will take place within the following timeframes:

Date(s): _____ Time(s): _____

Description of Filming Activities:

If you have questions about these filming activities, please call _____, Location Manager, at _____.

I, the resident, have read and understand the information on this waiver statement.

Please check one of the following:

- I **APPROVE** the filming activities as described on this waiver statement.
 I **DISAPPROVE** the filming activities as described on this waiver statement.

Please check all that apply:

- I am a **resident** of this property. I am the **owner** of this property.
 I am the **caretaker or owner/keeper of animals** housed on this property.

Signature: _____

Print Name: _____

Address: _____

Phone Number: _____

Resident Comments: _____

*A majority consists of 50%+1 (60% if located within the Coastal Zone) of the total residents that may be impacted by the filming activities. This waiver statement constitutes one vote. Once all waivers are collected, the results are tallied to determine if the production company has obtained a majority approval.