



Deep Roots
Greater Heights

CORPORATION OF THE DISTRICT OF MAPLE RIDGE
FILM PERMIT APPLICATION

-FAX TO (604) 467-7335 FIVE (5) BUSINESS DAYS IN ADVANCE OF FILMING-
Or email to: mjohnson@mapleridge.ca

FOR MULTIPLE LOCATIONS, FILL IN THIS FORM ONCE AND PROVIDE AN ADDENDUM OF LOCATIONS

Date of Application _____

Name of Film Production Company _____

Business Address _____

Postal Code _____ Telephone _____

Name of Production Studio _____

Name of Location Manager _____ Telephone _____

Name of Production _____

Feature TV Movie TV Series Commercial Radio Still Photography Other

General Project Description _____

Location of Filming _____

Move in Date & Time: _____ Move out Date & Time: _____

Filming Date & Time: _____

Special Effects: Guns/Gunfire Animals Rain/Snow Fire/Explosions Stunts Other

Request Pyrotechnic Activities Approval Meeting: _____

Requested Facilities:

- | | | |
|---|--|---|
| <input type="checkbox"/> On Street Parking (Use Addendum A) | <input type="checkbox"/> Municipal Land | <input type="checkbox"/> Other Municipal Building |
| <input type="checkbox"/> Street Occupancy (Use Addendum A) | <input type="checkbox"/> Municipal Parking Lot | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Street Closures (Use Addendum A) | <input type="checkbox"/> Fire Hall | <input type="checkbox"/> Personnel (see below) |
| <input type="checkbox"/> Municipal Park | <input type="checkbox"/> Municipal Hall | |

Municipal Employees Required (specify) _____

Do you have a business license for the District of Maple Ridge? Yes No

(Note: You must have a valid business license for filming in the District of Maple Ridge)

Will there be food catered at this production location? Yes No

Signature _____