

Statement of Fees



Filming

Applicant (or name on check, if different): _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name of Event: _____ Date of Event: _____

Professional Filming Permit

(less than 10 cast & crew) (internal code 05120005253 051202)

\$150 per day

Number of Days: _____

(more than 10 cast & crew) (internal code 0512000-5253 051202)

\$300 per day

Number of Days: _____

TOTAL: \$ _____ **Date of Payment:** _____

Please pay in-person:

Make Checks Payable to "CITY OF CHULA VISTA"

Deliver to:

Chula Vista Finance Department
276 Fourth Avenue, Building A *(door to Finance is located closest to Davidson)*
Chula Vista, CA 91910

Hours:

Monday - Thursday 9 a.m. - 4 p.m.
Friday 9 a.m. - noon

Questions?

Contact Olga Berdial
oberdial@chulavistaca.gov • 619-409-5445