



Fireworks Public Display & Special Effects Permit Application

Santa Clara County Fire Marshal's Office

70 W. Hedding St., East Wing, 7th Floor, San Jose, CA 95110

Phone: (408) 299-5760

Fee Amount: _____

Date Paid: _____

PC# _____

APPLICANT INFORMATION

Name of Company or Business Applying: _____

Mailing Address: _____

Phone: _____ Fax: _____ Contact Name: _____

License Type _____ Lic #: _____ Expires: _____

Workers' Comp. Policy #: _____ Expires: _____

Wholesale License #: _____ Expires: _____

Transportation Vehicle Type: _____ License #: _____

EVENT/DISPLAY INFORMATION

Public Display Motion Picture Stage/Theatrical Special Effects

Name of Event: _____

Event Sponsor or Responsible Person: _____

Address of Event site: _____
Street City Zip Code

Location/Area of Event or Shoot Site: _____

Event or Display Date(s): _____ Site Arrival Date/Time: _____

Time(s) of Event or Display: Start: _____ End: _____

Pyrotechnician of Record: _____ Phone/Cell: _____

Firing method: Manual Electric Combination Manual/Electric

Will reloading be necessary?: YES NO Will display affect airport traffic?: YES * NO

NOTE: If "Yes," FAA notification is required and is the responsibility of the Pyrotechnician

INSURANCE INFORMATION (Attach proof with application)

1. Workers' Compensation #: _____

2. General Liability #: _____

NOTE: Provide a certificate of Public Liability Insurance in the amount of not less than one million (\$1,000,000) dollars for the purpose of covering bodily injury and property damage with the "County of Santa Clara, and the Santa Clara County Central Fire Protection District, their officers, agents, and employees" named as additional insured. A permit will not be issued without this inclusion.

PYROTECHNIC OPERATOR INFORMATION

| | | |
|--|----------------|-------------|
| Name of State of CA licensed Operator Supervising Display: | License Class: | License # : |
|--|----------------|-------------|

Names of Operator Assistants: _____

LOAD SITE & STORAGE INFORMATION FOR DEVICES AND EFFECTS

| | |
|--|---------------|
| Location of Storage Prior to Shipping to display site: | City & State: |
|--|---------------|

| | |
|---------------------------------------|---------------------------|
| Departure date from storage location: | Approximate Arrival Date: |
|---------------------------------------|---------------------------|

| | | |
|------------------------|--|--|
| Location of Load Site: | Location and method of storage <u>prior</u> to display or performance: | Location and method of storage <u>during</u> display or performance: |
|------------------------|--|--|

| PRODUCTION AND DEVICE INFORMATION | | | | | | | | |
|--|-------------------|-------------------------|-------------------|--------------------------------------|-------------------------------|-----------------|---------------------|-------------------|
| Name of wholesaler supplying all devices used in display: | | | | Wholesaler's State License#: | | | | |
| Name of Importer/Exporter supplying all devices used in display: | | | | Importer/Exporter's State License #: | | | | |
| Device or Effect Description (type and size) | No. of Devices | Approx. Burn Time | Approx. Height | Approx. Width | Approx. Travel Distance | Approx. Drop | Approx. Diameter | Mortar Type(s) |
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GENERAL REQUIREMENTS

- A) Provide at least 2 copies of a dimensional plot plan diagramming the area where the display will be held. The plot plan shall include: the placement of devices, location of firing site, locations of nearby buildings and roads, location of any performers, distance to audiences or spectators, fallout area and normal wind direction. **Note: Clearly delineate the Fallout Area dimensions using the worst-case device or effect.**
- B) Submit a photocopy of the Public Display License and a wet-signed cover letter (on letterhead) from the company. The company representative shall be registered and on file with the California State Fire Marshal's Office.
- C) Provide proof of current state pyrotechnic operator license at display site.
- D) Submit fire retardant certificates for any stage drops/decorations, etc. (where applicable).
- E) For outdoor displays, provide a detailed site security plan. Site security shall be arranged or provided by the applicant.
- F) For theatrical special effects, provide a queue script that describes when the effect(s) will occur during the performance.

CONDITIONS OF APPROVAL

- 1. All applications and fees for Fire Marshal permits shall be submitted a minimum of 30 days in advance of the beginning date of the Display or event.
- 2. A pre-event inspection is required prior to the display or performance. The display or performance shall not proceed unless a representative of the Fire Marshal's Office is present. For theatrical or other special effects, a product demonstration prior to the performance may be required. Note that inspections must be scheduled a minimum of 15 business days in advance.
- 3. All fees are non-refundable upon submission to this office.
- 4. Any permit issued for a Public Fireworks Display or Theatrical Special Effects may be suspended or revoked if it is determined that there has been any false statement made or misrepresentation as to a material fact in the application or plans on which the permit or application was based.
- 5. Any fireworks or special effect performance may be stopped or modified at the discretion of the representative of the Fire Marshal's Office as the situation warrants.
- 6. A copy of the post display report sent to the State Fire Marshal shall be submitted to this office within ten (10) working days following the display.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS OF APPROVAL AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL LAWS RELATING TO FIRE PREVENTION, AND TO THE RULES AND REGULATIONS ADOPTED BY THE CALIFORNIA STATE FIRE MARSHAL. I HEREBY AUTHORIZE REPRESENTATIVES OF THE FIRE MARSHAL'S OFFICE TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ DATE _____

1/9/09 rev