



Superstition Fire & Medical District FIRE PREVENTION BUREAU



PERMIT APPLICATION for FIREWORKS DISPLAY

Date: _____

Application Made By: _____

Address: _____

Phone: _____

Person In Charge: _____ Phone: _____

Fireworks Display:

Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Pyrotechnics Supervision:

Person Supervising Display: _____

License No.: _____ Expires: _____

Other Pyrotechnics Operators: _____

(Attach separate sheet if necessary)

Fireworks:

Class: _____ No. of Set Pieces: _____ No. of Shells: _____

Additional: _____

Place of Storage (prior): _____ (during) _____

Manner of Storage (prior): _____ (during) _____

Insurance: *(Proof of Insurance Must Be Provided)*

Insurance Provider: _____

Address: _____ Phone: _____

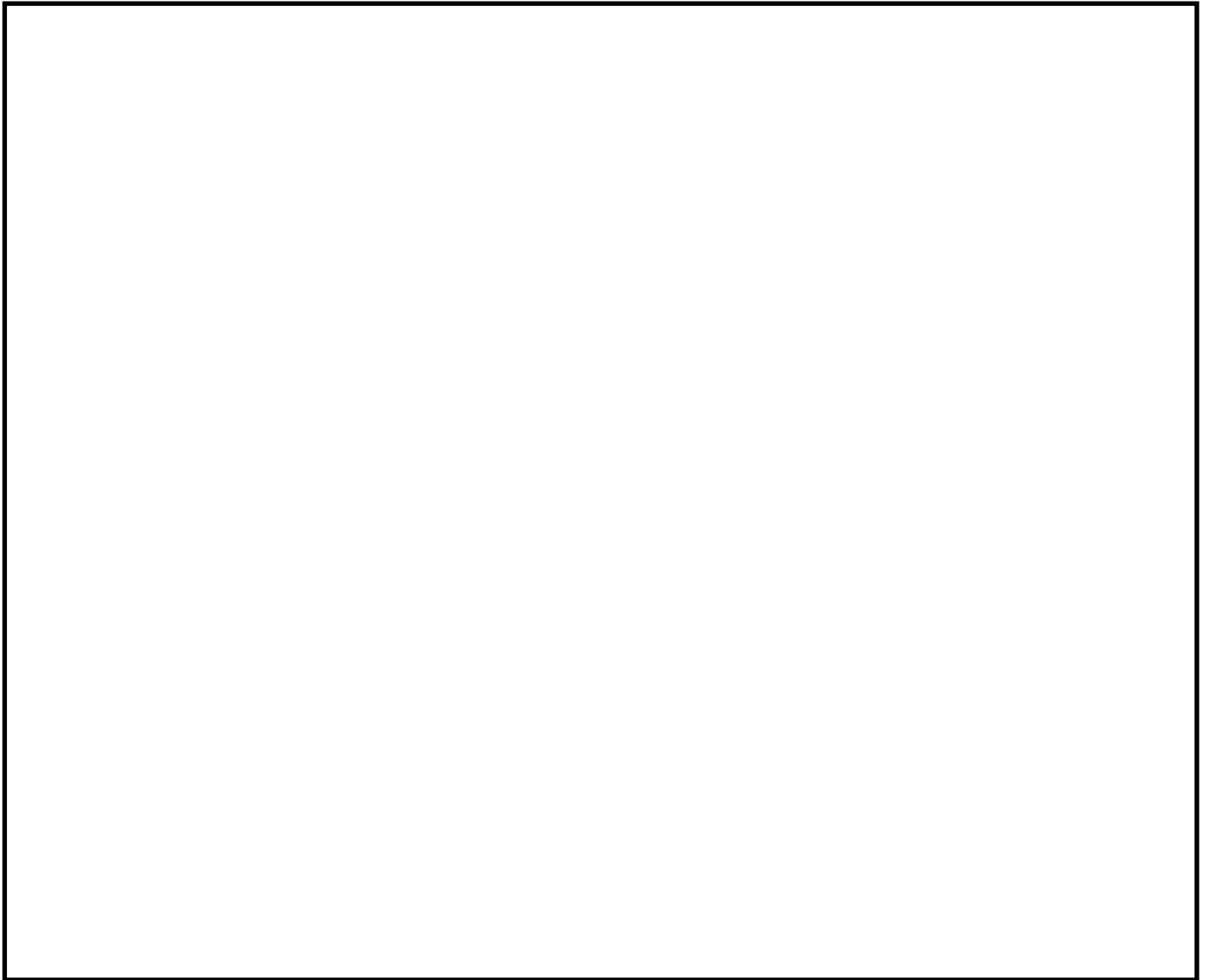
Agent: _____ Policy No.: _____

Fireworks Wholesaler:

Name: _____ License No.: _____

Address: _____ Phone: _____

Diagram of grounds on which the display is to be held, showing the point at which the fireworks are to be discharged. Diagram should include buildings, roads, overhead wires, and any other possible obstructions. Please indicate where the public will be permitted during the display. Please include distances for all of the above.



A Fire Inspector shall make an on-site inspection of the grounds to determine the possible hazards prior to the issuance of a permit. A Fire District Representative shall be on stand -by at the site during the display. If at any time the Superstition Fire & Medical District considers the display to be a danger to life or property, the Fire District reserves the right to cancel, postpone, or modify the display as necessary to maintain a safe condition. All fireworks shall be maintained in a safe and protected manner during transportation within the Fire District and upon delivery to the site of the display.

I certify that all information on this application is true and complete to the best of my knowledge.

Signed: _____ Date: _____