

Fire Marshal Permit

PUBLIC FIREWORKS DISPLAY

3657 Gaines Rd - St. Augustine, FL 32084
 Phone: 904-209-1740 Fax: 904-209-1754

Parcel #

Building Permit #

Company/Organization Seeking Permit _____	
Mailing Address _____	
Contact Person _____	Phone Number _____
Display Location _____	Address _____
Date of Event <input style="width: 60px; height: 20px;" type="text"/>	Start Time of Event _____ End Time of Event _____
Display Operator (On-Site individual in charge of firing display) _____	
Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Driver's License _____ State _____
Location/Address Fireworks Storage Prior to Display _____	

FLAT FEE of \$54.00 per event

This fee will cover the plan review and the site visit prior to shoot. Additional fees may be assessed for Fire Watch and Equipment based on location and hazard related to that particular event.

Copies of the following documents must be attached to this permit application.

1. Training certificate for operator showing completion of an approved course for fireworks display **OR**, employees of a licensed fireworks manufacturer may submit a letter from their employer verifying that they have received training in the laws, regulations, and safety practices relating to the discharge of fireworks, including NFPA 1123. Contact the Fire Marshal's office for other methods of meeting this requirement.
2. Site Plan for display area showing location of firing areas, fallout areas, location of ground display pieces, spectator viewing areas, parking areas, adjacent building locations, overhead obstructions, and roadways. The plan must be to scale or must have all relevant distances shown in order to determine whether recommended separation distances have been met.
3. List of all firing assistants, including full name and age.
4. Description of the number and type of personnel (employees, security staff, contact law enforcement, etc.) who will function as monitors to prevent spectators or other unauthorized persons from entering the discharge site.
5. Type and number of fireworks devices to be used.
6. Insurance policy which includes liability coverage for the event, or other acceptable proof of financial responsibility (minimum of \$1,000,000 coverage).

Name _____ Signature/Date _____

<i>OFFICIAL USE ONLY</i>			
ISSUED DATE _____	EFFECTIVE DATE _____	EXPIRATION DATE _____	FHID _____
APPROVED _____	REJECTED _____	OT # _____	FIREWORKS PERMIT # _____
_____ Signature of Fire Department Representative / Date			(Revised 10/09)