



FIRE DEPARTMENT SANTA CLARA COUNTY

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MODEL ROCKET PERMIT APPLICATION FORM

The following information shall be provided in order to process a model rocket permit:

Address of event: _____

Contact Person: _____ Phone No.: _____

Launcher: _____ Phone No.: _____

1. Date of event: _____ Hours of Launch: _____

2. Type of event: _____

3. Number of people anticipated: _____

4. Engine Size(s): _____

5. Ignition System: _____

6. Launch Site Dimensions: _____

7. Access Closure: _____

8. A Plot plan showing the launch site dimensions and distances from other buildings, vehicle parking areas, property lines and roadways shall be provided.

PLOT MAP

SCALE