



SANTA CLARA COUNTY FIRE DEPARTMENT

1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | SCCFD.org

Fireworks Public Display Permit Application

(Carefully Read & Complete Both Pages of this Application)

APPLICANT INFORMATION:

Business Name: _____

Address: _____

Phone: _____

Contact Name: _____

LICENSE TYPE: _____ LICENSE NUMBER: _____

INSURANCE INFORMATION: (Attach proof with application)

1. Worker's Compensation Number: _____

2. General Liability Number: _____

NOTE: Santa Clara County Central Fire Protection District shall be listed under "Additional Insured."

EVENT DETAILS:

Sponsor Name: _____

Address for Display: _____

Location/Area of Shoot Site: _____

Display Date(s): _____

Time(s) of Display: _____ Site Arrival Date/Time: _____

DISPLAY DETAILS:

Public Display

Theatrical

Time Length of Display: _____

Special Effects

Approximate Set-up Time: _____

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)



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Discharge Pyro and Site License Number: _____

Assistant's Name and State License Number: _____

Fireworks Wholesaled by: _____ CSFM License #: _____

GRAND TOTAL: _____

*Kind: Specify is Aerial, Low Level, Set Pieces, Special Effects, Etc.

Example: Aerial – 6i – 180: Concussion Pots – 4: 10 x 15 Gerbs – 10, etc.

STORAGE: (Shall comply with Title 27, Code of Federal Regulations, Part 55, Sub-part K)

Type: _____ Outdoor Indoor

Location: _____

ADDITIONAL INFORMATION REQUIRED:

- ✓ PROVIDE a minimum of two copies of a detailed site map, to include dimensions, firing site, and fallout zone, wind direction, distance(s) to public, etc.
- ✓ PROVIDE a detailed plan for site security. Site security is either arranged or provided by the applicant.

SPECIAL NOTE:

An inspection is required prior to show – Show shall not proceed unless a representative of this office is present. For theatrical or special effects, a product demo may be required – call this office for details.

Please call this office at (408) 375-4010 a **MINIMUM of 5 days prior to the DISPLAY to schedule your inspection.**

The Undersigned agrees to comply with all laws pertaining to fireworks within the County of Santa Clara, State of California, and to the rules and regulations adopted by the California State Fire Marshal.

APPLICANT'S SIGNATURE _____ DATE _____