



# 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 \_\_\_\_\_