

COUNTY of PLACER EXECUTIVE OFFICE Director of Risk Management C/o Office of Emergency Services 2968 Richardson Blvd Auburn CA 95603

Phone: (530) 886-5300 Fax: (530) 886-5343

Fireworks Display Permit Application (To be completed by the Pyrotechnic Company)

DATE:_

•	Compa	ny Name & PD Lic #:				
•	Mailin	g Address:				
		_				
•	Phone:		Fax:		E-mail:	
	0	Display Operator	·		CA Lic#:	
	0	Operator Phone N	No			
	0					
	Ü					
		(NOTE: Satisfactory	workers compensation	insurance must be carried	d for all employees)	
Dowt 0	DICD	LAVINCODMATI	ON.			
Part 2		LAY INFORMATION				
•	Date 8	Purpose: (Holiday	v, Wedding, etc.):			
	Snone	oring Boroon or O	raanization			
•	Spons	oning Person of Or		tion Ex: Ski Resort, Country Clu		
•	Displa	v Location:				
	2.00.0	,				
•	Time(s	s) of Display:		Dura	ition:	
•	Time(s	s) of Display:		Dura	ation:	
•					ition:	
•	Setup I	Date & Time:			ition:	
• Part 3	Setup I				ition:	
• Part 3	Setup I	Date & Time:	S			
• Part 3	Setup I - FIRE Firev	Date & Time: EWORKS DETAIL: works: Attach sepa	S rate sheet(s) indicating		: (Aerial, Low Level,	Set Piece, Special
Part 3	Setup I FIRE Fire Effec	Date & Time: EWORKS DETAIL: works: Attach sepa	S rate sheet(s) indicating	g type, size & quantity:	: (Aerial, Low Level,	Set Piece, Special
Part 3	Setup I FIRE Fire Effect Spec	Date & Time: WORKS DETAIL works: Attach sepa	S rate sheet(s) indicating ity of each by size, and YES □ NO	g type, size & quantity: d specify if single, mult Theatrical?	: (Aerial, Low Level, tiple break or salute)	Set Piece, Special
Part 3	Setup I FIRE Fire Effect Spect	Date & Time: EWORKS DETAIL Works: Attach sepa ets, etc. State quant cial Effects?	S rate sheet(s) indicating ity of each by size, and YES □ NO irport Traffic?	g type, size & quantity: d specify if single, mult Theatrical?	: (Aerial, Low Level, tiple break or salute) □ YES □ NO	Set Piece, Special
Part 3	Setup I FIRE Fire Effect Spec Coul (If "ye	Date & Time: EWORKS DETAILS works: Attach sepacts, etc. State quant cial Effects? Id Display Affect Afes," FAA notification/ap	S rate sheet(s) indicating ity of each by size, and YES □ NO irport Traffic?	g type, size & quantity: d specify if single, mult Theatrical?	: (Aerial, Low Level, tiple break or salute) □ YES □ NO	Set Piece, Special

	Fireworks Storage Detail: (Required by Title 27, CFR, Part 55, Sub-part K) o Type: Indoor Outdoor
	•
	o Location: Before:
	During:After:
Atta	
<u></u> √	Certificate of Comprehensive General Liability Insurance covering, among others, the Display Sponsor
•	against damages caused by the fireworks display and listing the County of Placer as an additional
	Insured.
$\sqrt{}$	Diagram of the grounds on which the display is to be held with dimensions, fallout zone, projected wind
•	direction, distance(s) to public, and showing the point at which the fireworks are to be discharged, the
	location of all buildings, roads, and other means of transportation, the lines behind which the audience will
	be restrained, the location of nearby large trees, telephone and power lines.
PART 4	1 – CERTIFICATION: I certify that all information provided above is true, accurate and in compliance with all applicable codes, laws and requirements of the County of Placer and the California State Fire Marshal for the conduct of fireworks displays.
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