



AERIAL FIREWORKS DISPLAY PERMIT APPLICATION

Department of Community Development and Code Compliance
6602 Courts Drive, PO Box 68
Prince George, VA 23875
Phone: (804) 722-8659 Fax: (804) 722-0702
www.princegeorgeva.org

OFFICE USE ONLY

APPLICATION #:

PERMIT #:

DISPLAY LOCATION	PROPERTY OWNER'S NAME:		OWNER'S PHONE #:	
	PROPERTY OWNER'S ADDRESS (IF DIFFERENT FROM DISPLAY ADDRESS):			
	DISPLAY ADDRESS (STREET #/STREET NAME OR SUBDIVISION):		PARCEL ID #:	
	BUILDING/FACILITY NAME AND TENANT NAME (IF APPLICABLE):			
	WHAT IS THE ESTIMATED COST OF FIREWORKS DISPLAY (MATERIALS AND LABOR)?		ESTIMATED COST: \$	
DISPLAY COMPANY	NAME/COMPANY NAME:		COMPANY PHONE #:	
	COMPANY MAILING ADDRESS: (STREET NUMBER, NAME)		COMPANY FAX #:	
	(CITY, STATE, ZIP)		F.I.D. (FEDERAL ID #):	
	COMPANY PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):			
	"DESIGNATED INDIVIDUAL" NAME (PRINT: FIRST, MI, LAST):			
	S.F.M.O. CARD NUMBER (A PHOTOCOPY OF THE CARD MUST BE ATTACHED TO APPLICATION):			
	DISPLAY SPONSORED BY:		SPONSOR'S PHONE #:	
PYROTECHS/OPERATORS/ASSISTANTS	PROVIDE THE NAME AND VIRGINIA ISSUED CERTIFICATION NUMBER OF THE PYROTECHNICIAN THAT WILL BE IN CHARGE OF THE DISPLAY (ATTACH A COPY OF THE CERTIFICATION CARD)			
	RESPONSIBLE PYROTECHNICIAN'S NAME:		PYROTECHNICIAN'S CERTIFICATION #:	
	NAME(S) AND AGES OF PERSONS THAT WILL BE PRESENT AND ASSISTING WITH THE DISPLAY			
	NAME (FIRST, MI, LAST)			AGE

DISPLAY INFORMATION	THE FIREWORKS DISPLAY WILL OCCUR ON:		DATE:	BEGIN TIME:	END TIME:	
	ALTERNATE DATE/TIME:		DATE:	BEGIN TIME:	END TIME:	
	EXPECTED ARRIVAL OF PRODUCT AND OPERATOR:		DATE:	TIME:		
	LIST THE SIZE (IN INCHES) AND NUMBER OF SHELLS TO BE FIRED. PROVIDE ADDITIONAL INDICATION FOR MULTI-BREAK SHELLS. LIST ON A SEPARATE LINE, THE NUMBER AND SIZE OF SALUTES (REPORTS)					
	NO.	SIZE	TYPE OF SHELLS			
THE DISPLAY WILL BE FIRED: <input type="checkbox"/> MANUALLY <input type="checkbox"/> ELECTRICALLY <input type="checkbox"/> COMBINED						
WILL MORTARS BE RELOADED DURING THE DISPLAY? <input type="checkbox"/> YES <input type="checkbox"/> NO						
MORTARS USED WILL BE CONSTRUCTED OF: <input type="checkbox"/> STEEL <input type="checkbox"/> PAPER <input type="checkbox"/> HIGH DENSITY POLYETHYLENE <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER: _____						
ATTACHMENTS	<p>THE FOLLOWING ITEMS ARE TO BE PROVIDED AS ATTACHMENTS TO THIS APPLICATION.</p> <input type="checkbox"/> A DIAGRAM OF THE GROUNDS OR FACILITIES WHERE THE DISPLAY WILL BE HELD. (SEE APPLICATION INSTRUCTIONS.) THE DIAGRAM IS NOT REQUIRED TO BE TO SCALE BUT IT IS TO SHOW: <ul style="list-style-type: none"> <input type="checkbox"/> THE FALLOUT RADIUS (WITH AN INDICATED DISTANCE IN FEET) FOR THE LARGEST SHELL TO BE USED IN THE DISPLAY; <input type="checkbox"/> THE POINTS AT WHICH THE SHELLS AND/OR CAKES ARE TO BE POSITIONED AND FIRED; <input type="checkbox"/> THE LINES BEHIND WHICH THE AUDIENCE WILL BE RESTRAINED (WITH AN INDICATED DISTANCE IN FEET); <input type="checkbox"/> LOCATION OF SIGNIFICANT BUILDINGS (WITH AN INDICATED DISTANCE IN FEET), HIGHWAYS, OVERHEAD OBSTRUCTIONS/UTIL <input type="checkbox"/> THE INDICATED DIRECTION OF NORTH. <input type="checkbox"/> PROOF OF A CORPORATE SURETY BOND OR A PUBLIC LIABILITY INSURANCE POLICY IN AN AMOUNT ACCEPTABLE TO THE SPONSOR NOTED ON LINE 8.1 BUT NOT LESS THAN \$500,000.00.					

DESIGNATED INDIVIDUAL AFFIDAVIT	<p>By my signature below, I attest the information provided is complete and accurate. I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code (SFPC) and the Referenced NFPA 1123-06 standard governing the use, storage and firing of display fireworks, even those not specifically covered or expressed on this application. I also acknowledge that if a permit is issued it shall:</p> <ol style="list-style-type: none"> 1. Be valid only at the location listed on the application, and for the specific date(s) and time(s) for which it is issued; and 2. Does not convey approval to store explosives (display fireworks) beyond the temporary (less than 24- hour) on-site storage of the display fireworks on the date of the approved display. <p>If approved to proceed, I acknowledge that a copy of this application and all its attachments will be available on-site during the date and times noted on this application, and constitute approval to proceed with the activity applied for. I further acknowledge and understand that any SFPC violations identified after approval to proceed may result in denial of final permit issuance or immediate suspension or revocation of a permit.</p>	
	SIGNATURE OF "DESIGNATED INDIVIDUAL":	DATE:

OWNER	<p>I am the owner of the property will the fireworks display will be conducted and by signing below, I certify that I give permission for the company listed on this application to apply for a permit as described in the application.</p>	
	SIGNATURE OF PROPERTY OWNER:	DATE:

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: