



Suwannee County Fire Rescue

Fire Prevention Division

13530 80th Terrace

Live Oak, FL 32060

Phone: 386-208-1484 Fax: 386-364-3488

Permit Application for Indoor/Outdoor Display

This packet identifies the minimum documents and information required to initiate permit application for a Fireworks/pyrotechnics, special effects display in a indoor or outdoor setting.

Code that Applies

Public Displays must meet the requirements National Fire Protection Association Standard 1123 as adopted in Section 1 of the Florida Fire Prevention Code. Any fair, association, amusement park, other organization, individual or group of individuals shall apply to the Fire Marshal of the Suwannee County Fire-Rescue Department for a permit for the display of fireworks at least fifteen (15) days in advance of the date of the display.

Documentation Requirements

The application shall contain the following information:

- A. The exact location of the display (attach site plan to this application).
 - B. The number, type and size of the fireworks to be displayed (list below) use 2'd sheet if necessary
 - C. The name(s) and qualification of the individual(s) performing the display.
 - D. Liability insurance policy in an amount specified by the Fire Marshal in a minimum amount of \$1,000,000 (one million dollars) in which Suwannee County is named as a co-insured (attach copy of policy) and
 - E. A non-refundable fee of \$50.00 (Fifty Dollars); and
 - F. Copy of current license/permit from the Bureau of Alcohol, Tobacco & Firearms (ATF) 2.
- The Fire Marshal of the County Fire-Rescue Department or his designee may issue a permit to the applicant upon satisfaction of the conditions stated.

Any permit issued by the authority having jurisdiction shall be subjected to suspension, revocation or denial by the AHJ's determination that conditions exist which make the permitted activity imminently hazardous to life or property such as drought, wind conditions, or any other conditions deemed hazardous.



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TYPE OF DISPLAY (CIRCLE ONE)			
FIREWORKS	PYROTECHNICS	SPECIAL EFFECTS	OTHER
Show Name:			
Show Address:			
Ceiling Height:	Total square feet around discharge site:		
Starting Date:	Ending Date:	Time	
Person/Organization sponsoring the display			
Name:		Phone:	
Address:			
Company Conducting Display			
Business Name:			
Business Address:			
Phone:	Fax:		
Federal License #:			
Bond/ Certificate of Insurance in the amt of:			
OPERATOR INFORMATION			
Operator Name:			
Permanent Address:			
Phone:	E-mail:	Fax:	
Driver's License:			
Age:	Date of Birth:		
Cell #	Date & Time available for Inspection:		
PER AUTHORITY HAVING JURISDICTION			
Amount of product/explosives to be discharged per show:			
Description of Product/Explosives- Form and size (ie., Diameter of mortars or form of product/fuel to be used)			
CONDITIONS OF PERMIT			
<ol style="list-style-type: none"> 1. The applicant shall have a site inspection and approval by Suwannee County Fire Rescue prior to conducting an event. 2. The applicant shall comply with all applicable requirements of the Florida Statutes, the State Fire Marshal's Rules and Regulations, the Florida Fire Prevention Code, and all other applicable codes and standards. 3. The authority having jurisdiction shall require standby fire personnel when potentially hazardous conditions exist, due to the type of performance, display, exhibit, or activity, or the number of persons present (NFPA 110.16.4). The number of personnel on fire department apparatus shall be determined by the fire marshal after review of the specifics of the event. 			



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APPLICATION INFORMATION CONTINUED		
<p>I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statutes, County ordinances, federal, state, and local regulations which governs public display of fireworks, pyrotechnics and flame effects. I certify that I am authorized by the organization name here in to act as its agent for the herein – described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold Suwannee County harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, invitees, or any persons connected to the applicant.</p>		
SIGNATURE		
NOTICE		
<p>The name of the person signing, along with their title, is to be typed immediately below the signature line. Proof that a person is signing is in fact an authorized representative of the applicant is to be offered prior to notarizing the signature.</p>		
Signature:		
Name (printed or typed):		
Title (printed or typed):		
FIRE OFFICIAL USE ONLY BELOW THIS LINE		
Fire Department:	Approved	Disapproved
Fire Official's Representative:		Date
Reviewer's comments/required equipment.		

Instructions for completing the Permit Application:

Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. Submit all necessary documents with the application.

When filling out this form:

- Do not use white-out on application or attachments
- Type or use Black Pen and print clearly
- Do not write in the fire official use section
- Submit 10 days prior to the event.
- Include detailed drawings of display layout.
- Include Certificate of Liability Insurance.
- Include Payment of \$50.00
- Checks or money orders should be made payable to Suwannee County Fire Rescue.
- Application shall be mailed to: 13530 80th Terrace, Live Oak, FL 32060.