

SANTA BARBARA COUNTY FIRE DEPARTMENT

FIRE PREVENTION DIVISION

INSPECTION SERVICES SECTION

TELEPHONE: (805) 686-5077 | EMAIL: INSPECTION.SERVICES@SBCFIRE.COM

Application and Permit for Pyrotechnic Display Applications Shall Be Submitted At Least 10 Days Prior to Display

I/we hereby make application for a permit to conduct a display of fireworks as defined by the California State

| Part 2 of Division | | d Safety Code, and the rules and regular. | | | | |
|--------------------|---------------------|---|--------------|--|--|--|
| Sponsoring C | Organization | | | | | |
| Spon | sor Name | | | | | |
| A | ddress | | | | | |
| Contact I | Person's Name | | | | | |
| Contact Perso | n's Phone Number | | | | | |
| Company | | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| | Public Display I | License Number | Phone Number | | | |
| | | | | | | |
| Display Detai | ils | | | | | |
| | | Exact Location of Display | | | | |
| | | | | | | |
| Date of | of Display: | Time From: | Time To: | | | |
| | | | | | | |
| Pyrotechnic (| Operator Supervi | sing Discharge | | | | |
| Name | | | | | | |
| | State Licen | Phone Number | | | | |
| | | | | | | |
| Pyrotechnic (| Operator Assistan | ts | | | | |
| | Nai | Phone Numbers | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Licensed Wh | olesaler / Licensed | d Importer/Exporter Informati | ion | | | |
| | Licensed V | State License Number | | | | |
| | | | | | | |
| | Licensed Impo | State License Number | | | | |
| | | | | | | |
| | | | | | | |



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| Product | Infor | mation | 1 | | | | | | | | | | | |
|---|-----------------------|----------------------|---------|-----------------------|-----------------------------------|----------------------|---------|----------|----------|----------------------------|----------|----------|--------|----|
| Number of Items | | | | | Number of Set Pieces | | | | | Number of Additional Items | | | | |
| | | | | | Do | ntioulo | ng of T | Nicolov | | | | | | |
| Shell | 25 | 80 | 2" | 3" | 4" | 5" | rs of E | 7" | 8" | 9" | 10" | 11" | 12" | |
| Size Single | mm | mm | | | | | | | | | | | | |
| Breaks Multi | | | | | | | | | | | | | | |
| Breaks | | | | | | | | | | | | | | |
| | TD. | Low 1 | Level I | | 4.4 | | | | | Fround | d Displ | | 4.4 | |
| Type Mines | | | Q | Quantity Type Sets | | | | Quantity | | | | | | |
| Romans | | | | | | Devices | | | | | | | | |
| Comets | | | | | | | | | | | | | | |
| Cakes | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| T 4* | C E | • | 1 /D | . 1 . 4 | | | | | | | | | | |
| Location | | | rks/Pr | oauct | s Stora | age | | | | | | | | |
| Prior to Event | | | | | | | | | | | | | | |
| During Event | | | | | | | | | | | | | | |
| After Event / Provisions for Return | | | | | | | | | | | | | | |
| ☐ All do | | nts lis | ted on | "Req | uired | Docur | nents' | ' chec | klist a | re atta | ached. | | | |
| In affirmin under whic Regulation California | h this p s. I furt | ermit m her affir | ay be g | ranted, I am an | includii authori | ng the fi zed age | ling of | reports | required | l by Tit | le 19, C | aliforni | a Code | of |
| APPLICANT SIGNATURE: | | | | | DATE: | | | | | | | | | |
| | | | | | mail C | | | | | <u>/I</u> | | | | |
| | | | | BARBA | Mail (ra Cou dral O | JNTY F | IRE AT | TN: INS | SPECTIO | | | | | |
| | | | | | ne: (805 | | | | • | | | | | |



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| Required Documents |
|--|
| Dimensioned Plot Plan Provide dimensioned plot plan diagramming the area which the display is to be held. Please include placement of devices; location of discharge operator, location of performers, location of audience, and lines behind which the audience will be restrained. Additionally, show location of highways, roads, overhead obstructions, nearby trees, fire hydrants, fire extinguishers, telephone lines, and other lines of communication. Attach to application. |
| Complete Description of Fireworks Provide complete description of fireworks to be displayed. Please include class of fireworks, number of items, and whether they are single or multiple break shells. If set pieces or other items are used or displayed, please describe type and number of each. Attach to application. |
| ☐ Fireworks Transportation Provide written summary or map describing transport of fireworks to event. Include departure date and time of transport. Attach to application. |
| Employee Compensation Insurance Provide an original Certificate of Insurance, to be attached to application, which complies with the following requirements (refer to Section 993, Title 19 and 12611, California Health and Safety Code): The deductible (if any) may not exceed fifteen thousand dollars (\$15,000.00). Limits of bodily injury and property damage may not be less than one million dollars (\$1,000,000.00) combined single limits for each occurrence annually. A statement must be included that the insurer will not cancel the insured's coverage without 15 days prior written notice to the State Fire Marshal. The State of California shall not be responsible for any premiums or assessments involving the policy. The licensed pyrotechnic operator supervising/discharging the display and the State of California, its officers, agents, employees, and servants must be included as additional insured's. Attach to application. |
| Provide a copy. Attach to application. |
| ☐ Permit Fee: \$274 Provide a check made payable to Santa Barbara County Fire Department. Attach to application. |