Application for a
Public Fireworks Display Permit

Coastside Fire Protection District, Fire Prevention Bureau
1191 Main Street, Half Moon Bay, CA 94019
Telephone (650) 726-5213
Fax (650) 726-0132

I/we hereby make application for a **Public Fireworks Display Permit** to conduct a display of fireworks as defined by the California State Health and Safety Code, and agree to comply in every particular with the law pertaining thereto as set forth in Part 2 of division II of the Health and Safety Code, and the Rules and Regulations adopted by the State Fire Marshal and the Coastside Fire Protection District.

Sponsoring Organization: _____

Responsible Person: _____

Contact Information: _____

Event Information

Date of Display: _____**Times:** _____

Exact Location: _____

Supervising Discharge
Pyrotechnic Operator: _____ **License Number:**_____

Assistants: _____, _____, _____

Class of fireworks to be displayed: _____ **Number of items:** _____

Wholesaler supplying all items: _____

Wholesalers state license number: _____ **Telephone #:** _____

Storage location prior to display: _____

Storage location during display: _____

_____

Please include a site plan with this application showing the following:

Name of property owner:_____**Phone #**_____

Mailing address of property owner:_____

Notes for Approval:

1.) Provide **dimensioned** plot plan diagramming the area in which the display is top be held. Plot plan shall include the placement of devices, location from where the operator will discharge fireworks, location of any performers, location of the audience and the lines behind which the audience will be restrained. Additionally, show the location of highways, overhead obstructions, nearby trees, telephone lines and other lines of communication.

2.) Include **complete** description of all devices to be displayed specifying if single or multiple break shells. If set pieces are used they shall be described in detail. Provide complete description of additional items to be displayed.

Conditions and Restrictions:

Reviewed by:_____ Date approved:_____

Site Inspection by:_____ Date inspected:_____

Site Inspection Comments:

❑ **Paid   Amount $ 201.75   Received by _____   Receipt #_____**