

City of La Porte

Fire Marshal's Office

FIREWORKS– SINGULAR OR MULTIPLE DISPLAY PERMIT

General Information			
Type of Work (select one):	SINGULAR	MULTIPLE	Other _____
Facility Name:			
Facility Address:			
Specific location of display:			
Date:	Duration of display:		
Person Submitting Plans:			

Contact Information	
Pyrotechnic operator who will supervise the display:	
License number:	24-hour Emergency Contact Number:
Company performing the launching operations:	
License number:	24-hour Emergency Contact Number:

Requirements		
Yes	No	Fire watch required
Yes	No	Financial responsibility provided
Yes	No	Fall-out area clear of combustibles
Yes	No	List of fireworks to be displayed (number, size, division)
Yes	No	Fire extinguishers and fire hoses (where provided) are operable and available
Yes	No	Statement of maximum weight of fireworks to be on site at anytime
Yes	No	Site plan showing location and distance to vehicle parking, street, audience, lot lines, buildings overhead obstructions and site security.
Yes	No	Copy of DOT transportation license, if applicable.
Yes	No	Copy of ATF license, if applicable.
Yes	No	Other -
Yes	No	Other -
Yes	No	Other -

THE AUTHORITY HAVING JURISDICTION MAY REQUIRE STANDBY FIREMEN OR EQUIPMENT DURING ANY OR ALL OF THE ABOVE FUNCTIONS. ALL REQUIRED FEES SHALL BE PAID PRIOR TO THE COMMENCEMENT OF THE FUNCTIONS

Certification

This document is a governmental record. Individuals who knowingly make a false entry in, or false alteration of, a governmental record are subject to criminal prosecution under Section 37.10 of the Penal Code, Vernon's Texas Code Annotated.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating constitution or the performance of construction. I also understand that the installation of any of the work related to this permit application shall not proceed until approved plans are issued from the City of La Porte.

Signature: _____

Date: _____

Print Name: _____

FIRE MARSHAL'S OFFICE USE ONLY

Date of Review: _____ Reviewed By: _____

Approved: Yes No

Require Follow-up: Yes No Explain: _____

Fee's Due: Yes No

Amount Paid: _____

Date Paid: _____