



21500 Three Oaks Parkway
Estero, Florida 33928
Phone: (239) 947-FIRE (3473)
Fax: (239) 947-9538
www.esterofire.org

SPECIAL EFFECTS/PYROTECHNICS/FLAMES SPECIAL EFFECTS APPLICATION

Business Name: _____ Date: _____
Address: _____ Bus. Ph.: _____
Manager: _____ Emerg. #: _____
Owner: _____ Occup. Class: _____

1) Location of Display: _____
Ceiling Height: _____ Clear Area Around Discharge Site: _____
Dates of Display – Start: _____ End: _____

2) Operator's Name: _____
Permanent Address: _____

Phone: _____ Fax: _____
Driver's License #: _____ State: _____
State Qualifications: (License or Resume Required – Attach Copy)

3) EXPLAIN IN DETAIL:
Amount of explosive compound to be used at each show or list of devices and number of each. (Include Material Safety Data Sheets for each product)



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4) *LAYOUT OF STAGE WITH DEVICE PLACEMENT:*

CONDITIONS OF PERFORMANCE

The amount of explosive compounds to be used in one show date shall be all that is allowed inside the building at one time. Additional amounts shall be stored in accordance with recognized practice and local laws.

Set-up shall be approved prior to the first show.

The building in which the display will take place shall have a current fire inspection, and shall be in compliance with the Fire Prevention Code.

This approval is not transferable to other persons, to other display locations, nor to changes in the show.

I HAVE READ AND FULLY UNDERSTAND THE ATTACHED MANUFACTURER'S RECOMMENDATIONS ON PROPER USE OF THE MATERIALS TO BE USED AND WILL NOT DEVIATE FROM THEM.

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

OPERATOR'S SIGNATURE: _____ *DATE* _____

INSPECTOR'S APPROVAL: _____ *DATE* _____

Attachments:

- 1) *Certificate of Insurance*
- 2) *Pyrotechnic License or Resume of qualifications*
- 3) *Material Safety Data Sheets for each product*
- 4) *Drawing or Layout of stage/pyro devices*