

City of Key West
Fire Marshal's Office
1600 N. Roosevelt Blvd.
Key West, FL 33040
Phone: (305) 292-8179 Fax: (305)293-8399

City of Key West Fire Prevention *** Pyrotechnics-Special Effects Application

Date: _____ Permit number: _____

Application shall be made at least thirty (30) days in advance of display, or at the discretion of the authority having jurisdiction.

1. Show Address: _____
(a) Ceiling Height _____ (b) Clear area around discharge site: _____
2. Business Name: _____
(a) Business Address: _____ (b) Phone number: _____
3. Operator Name: _____
(a) Permanent Address: _____
(b) Phone number: _____ (c) Driver's license number: _____
(d) Age: _____ (e) Date of birth: _____
(f) Federal/State License: _____ (g) Bond, Certificate or Insurance in the amount of: \$ _____
4. Dates (per the authority having jurisdiction): (a) Starting date: _____ (b) Ending date: _____
5. Amount of explosives to be discharged in one 24-hour period: _____
6. Explosives to be used: _____

NOTE: Only the amount of explosives to be used in one 24-hour period shall be allowed inside the building at any time. Additional amounts shall be stored according to the State Fire Marshal's Rules and Regulations.

7. Set-up shall be approved by the authority having jurisdiction prior to the first show.
8. Each person assisting the operator shall be competent and shall meet the approval of the authority having jurisdiction.
9. The building in general shall have had a current fire inspection (within 30 days) and shall have complied with all Outstanding Fire Department orders or no permit shall be issued.
10. In addition to the above requirements, the State Fire Marshal's Rules and Regulations shall be enforced.

NOTE: THIS PERMIT IS NON-TRANSFERABLE TO OTHER PERSONS OR LOCATIONS.

The operator has read and fully understands manufacturer's recommendations on proper use of materials to be used and will not deviate from them.

Operator's signature _____

OFFICE USE ONLY

Clearances:

1. Fire Department _____ Approved _____ Disapproved _____

Services to be provided:	Hours	Rate	Cost
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Number of personnel: _____	_____	_____	_____
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Equipment: _____	_____	_____	_____
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Total: _____	_____	_____	_____
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Fire Marshal/Inspector signature