

Date: _____

Permit No. _____

APPLICANT INFORMATION

Site Address _____ City _____ State _____ Zip _____ Tenant/Bldg Name _____

Applicant: Owner Contractor Other

PROPERTY OWNER INFORMATION

Name/Company: _____ Phone Number: () - _____
Last Name, Middle Name, M.I.

Street Address of Property Owner: _____
Street City State Zip Code

CONTRACTOR INFORMATION

Company: _____ Phone Number: () - _____
Name of Company.

Street Address of Contractor: _____
Street City State Zip Code

Contractor License No.: _____ Expiration Date: _____

Contact Person (Print): _____ Phone Number: () - _____

FIREWORK INFORMATION

Fire Permit Type (choose one): Fireworks Tent/Canopy Display

Type of Fireworks: _____

Maximum Quantity Stored (lbs.): _____ Maximum Quantity Displayed (lbs.): _____

