



Fireworks Permit Application

Date _____ Permit No. _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner ____ Contractor ____ Other _____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

Fire Permit Type (Choose One)	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Tent/Canopy	<input type="checkbox"/> Display
Type of Fireworks:			
Maximum Quantity Stored (lbs.):	Maximum Quantity Displayed (lbs.):		

Office Use -- Required Inspections: <input type="checkbox"/> Fire Inspection <input type="checkbox"/> Building Inspection <input type="checkbox"/> Zoning Inspection			
Permit Type	Fee	Quantity	Totals
Sale of Legal Fireworks – Fixed Retail Operations (365 Day Permit Use)	\$100.00	_____	\$ _____
Sale of Legal Fireworks – Temporary Retail Operations (60 Day Permit use) (tent/canopy)	\$350.00	_____	\$ _____
<i>Make Check Payable to: City of Victoria</i>	TOTALS:		\$ _____
<p><i>*Applicant must include a sketch of the sales & or display location showing where the fireworks will be displayed and stored, and also where the fire exits and extinguishers are located. Temporary Structures must obtain a Temporary Structure Building Permit.</i></p>			

The payment of the permit fee covers the fee of one initial inspection and one re-inspection only. Any additional inspections will be charged an additional inspection fee.

I hereby apply for a Fireworks permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Victoria and with the Minnesota Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

_____/_____
Applicant's Signature/Date

Permit Approved By:

Fire Inspector

Building Official

City Planner

City Clerk

Date Approved:
