



**VIRGINIA STATE FIRE MARSHAL'S OFFICE  
APPLICATION FOR FIREWORKS DISPLAY PERMIT ON  
NON STATE-OWNED PROPERTY**

**1123**

**ALL INFORMATION MUST BE PRINTED IN INK OR TYPEWRITTEN**

1. Applicant Name ( <i>Full Name</i> ):	2. Applicant Phone #:
3. Applicant Email address:	4. Applicant Mobile Phone #:
5. Trade or Business Name:	6. Business Phone #:
7. Premises Address ( <i>No., Street, City, State, Zip Code</i> ):	8. Fax #:
9. Mailing Address ( <i>If different from address on Line 7</i> ):	10. FEIN ( <i>Federal Employer Identification Number</i> ):
11. Location of fireworks site:	12. GPS Coordinates:

13. "Designated individual": ( <i>Full Name</i> )	See instructions for more information on "Designated individual"
	14. Card number: (Photo copy of card is to be attached to this application.)

15. Has the Applicant and/or Designated Individual ever been convicted in any court of a Felony: [ ] Yes [ ] No

16. Sponsor:

16.1. Name: \_\_\_\_\_ 16.2. Email: \_\_\_\_\_

16.3. Primary Phone: \_\_\_\_\_ 16.4. Secondary Phone: \_\_\_\_\_

17. The firing of display fireworks will occur on:

(Date): \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ at (time) \_\_\_\_ : \_\_\_\_ AM / PM and end at (time) \_\_\_\_ : \_\_\_\_ AM / PM.

[ ] Check this box if the firing of identical display firework setups will occur on consecutive (sequential) dates and/or times at a single location. List all the dates and times on a separate page and attach it to this application.

18. Fireworks are expected to arrive on (date) \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ at (time) \_\_\_\_ : \_\_\_\_ AM / PM.

19. In case of postponement, the alternate date and time is:

(Date): \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ at (time) \_\_\_\_ : \_\_\_\_ AM / PM and end at (time) \_\_\_\_ : \_\_\_\_ AM / PM.

20. Operators, Assistants and Fireworks Specifications.

20.1. Virginia SFMO certified pyrotechnician that will be in charge of the pyrotechnics.

Name ( <i>Full Name</i> )	Certification #	Mobile Phone #

**20.2.** List the name and ages of all assistants who will be present (*attach additional pages as needed*):

Name ( <i>Full Name</i> )	Age

**20.3.** List the number; name and description of pyrotechnic devices / materials; and name of manufacture to be used (*attach additional pages as needed*):

#	Size	Type / Description of Shells	DOT Class

**21.** The display will be fired (check the appropriate box)  Manual  Electrical  Combined

**22.** Will mortars be reloaded during the display?  Yes  No

**23.** Mortars to be used will be constructed of (check all that applies):

Steel  Paper  High Density Polyethylene  Fiberglass  Other \_\_\_\_\_

**24.** Include the following as an attachment to this application (*Required*):

- A site diagram with key elements where the fireworks will used (see instructions),
- Current Bureau of Alcohol, Tobacco, Firearms and Explosives - ATF License(s) and Permit(s),
- Proof of a corporate surety bond or a public liability insurance policy in an amount acceptable to the sponsor and/or venue but not less than \$1,000,000.00, and
- Notification to Federal Aviation Association (FAA) when the display is located in an aircraft take-off or decent flight path, and is within a 10 mile diameter of an airport.

The completed application and attachments are to be accompanied by the required and non-refundable fee of **\$300.00** when received not less than 15 days prior to planned use or **\$500.00** when submitted less than 15 days. Fee is to be paid in the form of a check or money order payable to the **TREASURER OF VIRGINIA** and is to be submitted to:

**Virginia Department of Fire Programs  
State Fire Marshal's Office - Special Operations Section  
1005 Technology Park Drive  
Glen Allen, Virginia 23059-4500**

**NOTE:** Inspection fees will be assessed at a rate of \$60 per staff member per hour during normal business hours (Monday through Friday, 8:30 a.m. to 4:30 p.m.) and at a rate of \$90 per hour at all other times (nights, weekends, or holidays).

By my signature below, I certify that the answers provided on and as part of this application are true, correct, and complete. I also certify that I am familiar with the Virginia Statewide Fire Prevention Code, Commonwealth of Virginia and Federal laws relating to fireworks and explosive materials.

I acknowledge that if a permit is issued it shall be valid only at the location listed on Lines 11 and 12 and for the specific date(s) and time(s) for which it is issued.

I acknowledge responsibility for all inspection fees and agree to pay assessed fees.

I acknowledge that a permit is conditional upon continued compliance with the Statewide Fire Prevention Code, Commonwealth of Virginia and Federal laws.

<b>25.</b> Signature of "designated individual" ( <i>person listed on line 13</i> ):	<b>26.</b> Date:
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# Application Instructions

*(Do **NOT** return this page with the completed application)*

## **ALL INFORMATION MUST BE PRINTED IN INK OR TYPEWRITTEN**

**Lines 1 and 2:** Self-explanatory.

**Line 3:** Provide an email address to receive timely communications from the SFMO.

**Lines 4 through 10:** Self-explanatory.

**Line 11:** Describe the site (*e.g. artificial turf football field, parking lot, golf course, sloped surface, hay field*)

**Line 12:** Self-explanatory

**Line 13:** A “designated individual” is defined as “a person in possession of a *Background Clearance Card* (BCC) issued by the Virginia SFMO, or a certified Virginia SFMO *Pyrotechnician*.”

**Line 14:** Self-explanatory

**Line 15:** Pursuant to § 27-97.2 of the Code of Virginia any person - as an individual or as a representative of a company - who applies for a permit to manufacture, store, use, handle or sell explosives shall not have been convicted of any felonious act, or has had their rights restored by the Governor or other appropriate authority. Please indicate whether you, as the applicant and/or Designated Individual, have ever been convicted of a felonious act even if your civil rights have been restored.

**Lines 16 and 17:** Self-explanatory

**Line 18:** A briefing and inspection of all shells, racks, and mortars shall occur before loading mortars.

**Lines 19 through 23:** Self-explanatory

**Line 24:** The “diagram” requires all applicable items below:

- The entire display site.
- The location of any buildings and/or structures.
- The footprint (dimensions) of fireworks. Indicate manually and electrical fired (separated minimum of 25 feet).
- The spectator viewing areas.
- The location of fire protection equipment.
- The location of any hazardous materials.
- The location of transportation routes (roadway, railway, waterway, walking/bicycling trail/path, etc.).
- The location of any overhead obstructions.
- Floating vessel or platform full details as listed in NFPA 1123, Chapter 6.

**Lines 25 and 26:** Self-explanatory



# COMMONWEALTH of VIRGINIA

## Virginia Department of Fire Programs

**Brad Creasy**  
EXECUTIVE DIRECTOR

**BILLY HUX**  
CHIEF STATE FIRE MARSHAL

State Fire Marshal's Office  
1005 Technology Park Drive  
Glen Allen, Virginia 23059  
Phone: 804-371-0220  
Fax: 804-371-3367

### Fireworks/Pyrotechnics/Flame Effects Contract

Date

Name/Title:

Business Name:

Business Address:

Business Email Address:

RE: Fireworks/Pyrotechnics/Flame Effects Shows on Non-State-Owned Property

In accordance with your request, the State Fire Marshal's Office shall provide fire prevention inspections/consultative services to ensure conformance with the 2021 Virginia Statewide Fire Prevention Code (SFPC) for the use of fireworks/Pyrotechnics/Flame Effects at locations not deemed State owned property, but for localities we are the Authority Having Jurisdiction (AHJ) for.

SFMO will charge an and application fee and hourly rate for services rendered to include: application review, on-site inspections, report preparations, and managerial review. An application fee of \$300.00 for aerial fireworks, pyrotechnics, flame effects or close proximate shows or \$500 for applications received less than 15 business days prior to the show. On-site inspection fees the day of the show are as follows: \$60 Per hour during normal business hours (Monday-Friday 8:30am – 4:30pm) and a rate of \$90 per hour at all other times (nights, weekends, and holidays) during the site pre-inspection, setup, show and post-show inspection time(s).

SFMO will present an itemized invoice within (10) business days at the conclusion of your show for services rendered. Payment for services rendered is due within 30 days of invoice date. Accounts not collected after 90 days will be sent to a third-party collection agency or the Office of Attorney General for collection. Checks should be made payable to "Treasurer of Virginia" and mailed to the State Fire Marshal's Office at 1005 Technology Park Drive, Glen Allen, Virginia 23059.

Please provide complete billing information as noted on the attached Authorization to Perform Services Form including Federal Identification Number (or social security number for individuals) and sign the "APPROVED/AUTHORIZED TO PROCEED" signature line to indicate your agreement to these terms, and return to [Statefiremarshal@vdfp.virginia.gov](mailto:Statefiremarshal@vdfp.virginia.gov)

We look forward to working with you on your show and making it safe for not only you, but also the citizens and visitors of the Commonwealth.

Sincerely,

A handwritten signature in blue ink, appearing to read 'B. Hux', written over a horizontal line.

*Billy Hux, Chief State Fire Marshal*

**AUTHORIZATION TO PERFORM SERVICES FORM**

RE:

BILLING INFORMATION

Company (or Individual) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Federal Identification Number (required for billing on credit): \_\_\_\_\_  
(or SSN for individuals)

APPROVED/AUTHORIZED TO PROCEED: \_\_\_\_\_ Date: \_\_\_\_\_