



**VIRGINIA STATE FIRE MARSHAL'S OFFICE
APPLICATION FOR PERMIT TO OPERATE FLAME EFFECTS
BEFORE AN AUDIENCE ON NON-STATE-OWNED PROPERTY**

160

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. Use location (<i>address, name of complex or facility, building number, etc</i>):	12. GPS Coordinates (<i>If Outdoors</i>):

13. The use of flame effects will occur inside outside both inside and outside a building / structure

14. Term of installation: Permanent Installation Temporary Installation

15. Check **all** that may apply and for which application is being made:

- The use of flame effects before an audience.
- The rehearsal, videotaping, audio taping, or filming of television, radio, or movie production.
- The rehearsal of any production incorporating flame effects.

NOTE: A separate application and permit is required for the use of Pyrotechnics [1126]

16. Sponsorship / Venue.

15.1. Sponsor (*Responsible group / organization*): _____

15.1.1 Sponsor Email: _____ 15.1.2 Sponsor Phone#: _____

15.2. Venue / Property contact (s): _____

15.2.1. Venue E-mail: _____ 15.2.2 Venue Phone#: _____

17. The use of pyrotechnic materials and/or devices will occur on:

(Date): _____ / _____ / 20____ beginning at (time) _____:____ am/pm and end at (time) _____:____ am/pm.

Check this box if the firing of identical flame effects will occur on multiple consecutive days (sequential dates). List all the dates and times on a separate page and submit as an attachment.

18. A walk-through and demonstration of the pyrotechnics will be available on (date) ____ / ____ / 20____
at (time) ____ : ____ AM / PM.

19. Classification of the flame effect system, check **all** that may apply:

- Group 1 Group 2 Group 3 Group 4 Group 5 Group 6 Group 7

20. Operators, Assistants and Flame Effect Specifications.

20.1. Flame effect operator (*Shall be at least 21 years of age*)

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

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

Full Name (Print)	Age

20.3. List the number; name and description of flame effects to be used (*attach additional pages as needed*):

#	Name and/or description

21. Required Attachments

- A Flame Effect Plan (*see instructions*),
- Documentation that combustible materials (*each*) within the operational area of the flame effects (set, scenery, costumes, and rigging materials) are inherently or have been rendered flame retardant in accordance with NFPA 701,
 Check this box if this item is not applicable to the circumstance,
- Fire watch plan.

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 attest the information provided is complete and accurate. I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code (SFPC) and the referenced NFPA standards.

I acknowledge that if a permit is issued it shall be valid only at the location listed on Lines 4 and 5 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 in a timely manner.

I acknowledge that a permit is conditional upon continued compliance with the SFPC.

22. Signature of "designated individual" (*person listed on line 13*):

23. Date:

Application Instructions

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

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Lines 1 and 2: Self-explanatory.

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

Lines 4 through 13: Self-explanatory.

Line 14: Permanent is an installation of flame effects with a duration of longer than 180 days. Temporary is an installation of flames effects with duration of 180 days or less within a 12-month period in a single venue.

Lines 15 through 20: Self-explanatory.

Line 21: The Flame Effect Plan shall include:

- A narrative description of the flame effect(s),
- Diagram of effect control and piping components,
- Sequence of operation, to include control functions, of the effect,
- The location of flame effect devices to be fired and their controls and control sequence,
- Fuel supply (*portable and/or fixed*),
- The area affected by the flame effect device(s),
- The location of the audience and the lines for which the audience will be restrained,
- The location of security – intrusion prevention,
- The clearance to combustibles,
- The fuels used and their estimated consumption,
- Air for combustion and ventilation for indoor effects,
- Storage and holding (lockable) areas and their capacities for flammable fuels,
- Supplemental fire protection features and/or portable fire extinguishers location(s),
- Emergency response procedures,
- Means of egress,
- Current Safety Data Sheet (SDS) for the fuels consumed in the flame effect,
- The location of any overhead obstructions,
- If outdoors, describe the safety provisions to halt the effect where safe operation can be influenced by hazardous weather.
- In addition, if unattended effects:
 - Design for unattended operation,
 - Supervision of automatic systems,
 - Control location

Lines 22 and 23: 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

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,



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: _____