

# Attachment C

Riverside County Fire Department

77933 Las Montanas Rd., Ste 201,  
Palm Desert, CA 92211  
Ph. (760) 863-8886 Fax (760) 863-7072



Fire Protection Planning Section

2300 Market St., Ste 150  
Riverside, CA 92501  
Ph. (951) 955-4777 Fax (951) 955-4886

## SPECIAL EFFECT PERMIT APPLICATION

PERMIT NUMBER: \_\_\_\_\_

**APPLICATION SHALL BE SUMITTED  
60 BUSINESS DAYS PRIOR TO THE EVENT**

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### EVENT INFORMATION

Film/Motion Picture       Stage/Theatrical       Special Effects

Event Name: \_\_\_\_\_ Event Sponsor/RP: \_\_\_\_\_

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

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

Location/Area of Event/Shoot Site: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Event Times (s): Start: \_\_\_\_\_ End: \_\_\_\_\_

Site Arrival Date/Time: \_\_\_\_\_ Site Departure Date/Time: \_\_\_\_\_

### PYROTECHNIC OPERATOR INFORMATION

Name of CA License Operator Supervising Display:	License Class:	License No:
Pyrotechnic Operator Assistant Name & Age:	Pyrotechnic Operator Assistant Name & Age:	
Pyrotechnic Operator Assistant Name & Age:	Pyrotechnic Operator Assistant Name & Age:	

### PRODUCT INFORMATION

Name of wholesaler supplying all devices use in display:	Wholesale State License #:
Name of Importer/Exporter supplying all devices use in display:	Importer/Exporter State License#:

Devices or Effect Description (type & size) *Attach additional sheet if needed	No. of Devices	Approx Burn Time	Approx Height	Approx Width	Approx Travel Distance	Approx Drop	Approx Diameter	Mortar Type(s)
Firing Method: <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> Combination (manual/electric)		Reload / Refueling - be necessary: (Circle one or both) <input type="checkbox"/> Yes <input type="checkbox"/> No			Affect airport traffic: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" pyro-tech is responsible to notify FAA			
Ceiling Height (if indoors):				Fall Out Zone (Distance in feet):				
<b>LOAD SITE &amp; STORAGE INFORMATION FOR DEVICES &amp; EFFECTS</b>								
Location of storage <u>prior</u> to shipping to display site:				Departure date from storage location:				
Storage Address & City:								
Location of Load Site:			Location & method of storage <u>prior</u> to display or performance:			Location & method of storage <u>during</u> display or performance:		
<b>INSURANCE INFORMATION</b>								
Policy number of Employee Compensation Insurance:				Policy number of Public Liability Insurance: (attach copy)				

**CONDITIONALS OF APPROVAL**

- All applications and fees (if applicable) shall be submitted a minimum 10 business days in advance of the beginning date of the display or event. **Permit application fee is \$75.00. Standby personnel deposit based fee is also required. Deposit Based Fee indicated that additional money may be due & collected.**
- Provide at least 2 copies of dimensional plot plan diagramming the area where the event will be held. Plot plan shall include the placement of devices, location from where operator will discharge fireworks, location of any performers, location of the audience and the lines behind which the audience will be restrained. Additionally, show the location of highways, overhead obstructions, nearby trees, telephone lines and other lines of communication. When necessary, a sectional drawing shall be provided.
- Insurance required: An original Certification of Insurance must be filed with this application, which complies with the following requirements (refer to Section 993, Title 19 and 12611, California Health & Safety Code):
  - The deductible (if any) may not exceed fifteen thousand dollars (\$15,000.00). Limits of bodily injury and property damage may be not less the one million dollars (\$1,000, 000.00) combines single limits for each occurrence annually.
  - A statement must be included that the insurer will not cancel the insured's coverage without 15 day prior written notice to the State Fire Marshal and Riverside County Fire Department.
  - The County of Riverside/Fire Department shall not be responsible for any premiums or assessment involving the policy.
  - The licensed pyrotechnic operator supervising/discharging the display and the State of California, its officers, agents, employees, and servants must be included as additional insured's.

- A pre-event inspection is required prior o the display or event. The display or event shall not proceed unless a representative is present.
- Any permit issued for a Public Firework Display may be suspended or revoked if it is determined that there has been any false statement made or misrepresentation as to a material fact in the application or plans on which the permit or application was based.
- Any firework or special effect events may be stopped or modified at the discretion of the representative of the Fire Department as the situation warrants.
- Property owner will issue a signed written letter allowing permission to use property for the event.

**I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS OF APPROVAL AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL LAWS RELATED TO FIRE PREVENTION, AND TO THE RULES AND REGUATIONS ADOPTED BY THE CALIFORNIA STATE FIRE MARSHAL. I HEREBY AUTHORIZE REPRESENTATIVE OF THE FIRE DEPARTMENT TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.**

APPLICANT'S PRINTED NAME: _____	DATE: _____
APPLICANT'S SIGNATURE: _____	_____

**OFFICE USE ONLY**

**PERMIT FOR TRANSPORTATION OF FIREWORKS**

Date of Display: _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
Name: _____	Title: _____	
Signature: _____	Date: _____	

**STANDBY PERSONNEL ASSIGNED**

Date personnel assigned: _____	Standby fee obtained: _____
Name (s) of Personnel Assigned: _____	

**PERMIT FOR SPECIAL EFFECTS**

Date of Display _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Denied
Name: _____	Title: _____	
Signature: _____	Date: _____	