

APPLICANT

## County of Sonoma FIRE & EMERGENCY SERVICES DEPARTMEN

FIRE SERVICES \* EMERGENCY MANAGEMENT \* HAZARDOUS MATERIALS

## **Application / Special Effects**

**Note:** This application is not a valid permit until signed by a Fire Department representative. PLEASE PRINT WITH BALLPOINT PEN OR TYPE

## A FEE WILL BE CHARGED FOR THIS PERMIT APPLICATION

Applicant	Business						
Name Applicant			Name Business	Business Business			
Mailing Address			Phone				
City State Zip			Applicant e-mail				
	enalty of perjury, that t	o the best of my	knowledge and belief, the	e responses	made herein a	re true and correct.	
Applicant Printe			Printed				
Signature	Name						
EVENT							
Event Pyro- Technician Company							
City State	Contact						
Zip	Phone						
			State License #				
	DSFM	M Company:					
Device Name	Quantity	Fuce Type	Dronollant Tyn		Size	Location	
Device Name	Quantity	Fuse Type	Propellant Typ	e l	Size	Manufactured	
Comments							
IN ACCORDANCE WITH CHAPTER 56, OF THE CALIFORNIA FIRE CODE AND IN ACCORDANCE WITH TITLE 19, DIVISION 1, CHAPTER 6							
SECTION 14 OF THE C	ALIFORNIA CODE OF I	REGULATIONS, FO	OR THE FOLLOWING:				
This permit shall constitute to use pyrotechnic special effects, open flame, use of flammable or combustible liquids and gases, welding, and the parking							
of motor vehicles in any building or location used for the purpose of motion picture and television commercial production. This permit allows for the							
purchase, transport, storage, use and disposal of the prescribed pyrotechnical devices listed below. There is a Special Effects Permit fee upon							
inspection of site.							
		OFFICE LISE	ONLY BELOW THIS POIN	IT			
Local Fire		- OFFICE USE			Public Safety	Plan required	
Agency			(if any) have been added			Plan approved or not rq'd	
<ul><li>Subject to the con</li></ul>	ditions noted on the F	ire Inspection Fo	rm, permit is hereby app	roved. (Fire	Inspection For	m is part of this permit)	
Inspector			Printed			Date	
Signature		Zoning	Name	1	☐ Site Map / S	eating Plan Attached	
FILE ID		Permit No				eating Plan Approved	
						<u> </u>	
Permit	Inspection	n	Total		nvoice		
Fee	Fee		Fee	•	Number		
2300 County Center Drive, #220-B, Santa Rosa, CA 95403 * Phone (707) 565-1152 * Fax (707) 565-1172 * www.sonoma-county.org/fire							