
APPLICATION FOR PERMIT TO DISPLAY FIREWORKS OR SPECIAL EFFECTS

1. Application and form SP-884-C (proof of financial responsibility) must be completed and returned to the above address at least **15 DAYS** prior to the date of display.
2. Fee upon application is \$100.00 made payable to the Treasurer of State of Connecticut.
3. Indicate type of permit requested: [] FIREWORKS [] SPECIAL EFFECTS
4. Copy of United States Coast Guard Marine Permit (required for barge fired fireworks).

Name of applicant(sponsoring organization) _____

Address of Applicant _____

Name, address, telephone and fax number of authorized agent of applicant _____

Date of display _____ Time _____

Ram Date _____ Time _____

Exact location of display _____

For **FIREWORKS** displays, please submit a diagram of the display site indicating the discharge site, location of the spectator viewing area(s), buildings, highways, nearby utilities, trees and any overhead obstructions, compass heading indicating north, the date the diagram was produced and who produced the diagram.

For **SPECIAL EFFECTS** displays, please submit a diagram of the display site indicating the location and type of devices to be used, location of the audience, a list of all special effects and type of detonation mechanism(s) to be used. Also, include distances and measurements of the display area including audience location as well as between the effects and equipment/fixtures used.

Name of Show _____

Company name, address, telephone and fax # supplying the fireworks/special effect materials _____

Number and type of fireworks/special effects to be fired _____

Name(s) of technician(s) who will fire the display _____

Type of certificate **and** competency number _____

Address and telephone # _____

APPLICANTS MUST POST A \$1000.00 SURETY BOND WITH THE MUNICIPALITY -
CT. GENERAL STATUTE 29-358

Name of person or company furnishing surety bond _____
Date filed _____ with (name of public official) _____

This application has been reviewed and is:

approved denied by _____
signature **and** printed name of Police Chief or First Selectperson
date _____

approved denied by _____
signature **and** printed name of Fire Chief
date _____

approved denied by _____
signature **and** printed name of local Fire Marshal
date _____

If denied, please give reason(s): _____

STATE FIRE MARSHAL OFFICE USE ONLY

Date received: _____
Date of entry: _____
Check #: _____
Amount: _____
Permit #: _____
Reviewed by: _____ Incident# _____

SP-131-C (revised 7/2007) kjm