

SAVANNAH FIRE DEPARTMENT

ISO CLASS-I

"COMMITTED TO THOSE WE SERVE"

121 East Oglethorpe Avenue · Savannah, Georgia 31401
Office: 912-651-6756 · Fax: 912-651-3195 · www.savannahfire.org

Application to Conduct Public Exhibition or Display of Fireworks and/or Fireworks or Pyrotechnics Exhibition or Display of Fireworks Before a Proximate Audience

Display Sponsor

Event Sponsor Organization: _____
Sponsor Name: _____ Position: _____
Address: _____
Phone number: _____ Email: _____

Fireworks Display information

Display Location (address): _____ City: _____ Zip: _____
Date(s) of Display: _____ Time (beginning and end): _____
Date(s) Fireworks Will Be Delivered To Site: _____
Fireworks / Pyrotechnics Supplied by: _____
Largest shell size (NFPA 1123) _____ Distance to nearest spectator or hazard _____
Type of Display: Outdoor Aerial Proximate Audience Outdoor Aerial and Proximate Audience

Pyrotechnic Company Information

Pyrotechnics' Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Office Phone: _____ Cell Phone: _____ Email: _____
GA Outdoor Display License Number: _____ Date Issued: _____ Exp. Date: _____
GA Proximate Audience License Number: _____ Date Issued: _____ Exp. Date: _____
Operators Name: _____ Phone number: _____

Insurance Company information

Insurance name: _____
Address: _____
Phone number: _____ Email: _____
Amount: \$ _____
Policy Number: _____ Expires: _____

DISPLAY SHALL COMPLY WITH THE CURRENT ADOPTED EDITION OF NFPA 1123 AND/OR NFPA 1126 AND RULES OF THE SAFETY FIRE COMMISSIONER CHAPTER 120-3-22

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The Following Must Be Submitted With Application

- SITE AND/OR FACILITY DRAWING INCLUDING AUDIENCE SEPARATION, LOCATIONS WHERE FIREWORKS OR PYROTECHNICS (INCLUDING FLAME EFFECTS) ARE TO BE FIRED, FALLOUT RADIUS, ANY BUILDINGS IN THE FALLOUT AREA (IF APPLICABLE), AND EXTINGUISHER NUMBERS, TYPES AND LOCATIONS
- PROOF OF INSURANCE OR BOND MEETING THE MINIMUM AMOUNTS SPECIFIED IN O.C.G.A 25-10-4
- COPY OF GEORGIA OUTDOOR DISPLAY LICENSE ISSUED BY THE SAFETY FIRE COMMISSIONER (IF APPLICABLE)
- COPY OF GEORGIA PROXIMATE AUDIENCE PYROTECHNICS LICENSE ISSUED BY THE SAFETY FIRE COMMISSIONER (IF APPLICABLE)
- COPY OF OPERATOR AND ASSISTANTS' DRIVERS LICENSE & COMPETENCY CARDS ISSUED BY THE SAFETY FIRE COMMISSIONER
- COPY OF BUREAU OF ALCOHOL, TOBACCO, FIREARMS, AND EXPLOSIVES PERMIT (IF APPLICABLE)
- FULL LIST OF PRODUCTS TO BE USED, INCLUDING TYPE, NUMBER, AND SIZE. PROXIMATE AUDIENCE PRODUCT LISTS SHALL ALSO INCLUDE THE SDS FOR ALL PYROTECHNIC MATERIALS TO BE USED AND CERTIFICATION OF ALL SET, SCENERY, AND RIGGING MATERIALS FLAME RETARDANCY

DISPLAY CUT OFF TIMES (CONCLUDED BY):

GRAYSON STADIUM

9:30 PM IF SCHOOL IS NEXT DAY / 10:30 PM OTHERWISE

WATERFRONT

10:00 PM EXCEPT NEW YEARS EVE/NEW YEARS DAY

The submittal and acceptance of this application to conduct a Public Exhibition or Display of Fireworks and/or Fireworks or Pyrotechnics Exhibition or Display of Fireworks Before a Proximate Audience does not imply that the display is approved or that a permit will be issued. Non-compliance with applicable laws, adopted codes or standards, and Rules and Regulations promulgated by the Safety Fire Commissioner shall constitute denial of the application. The Savannah Fire Marshal's Office will review the information provided and make a determination of issuance or non-issuance of permit. Incomplete applications will be returned for resubmittal.

I, _____, UNDERSTAND THAT THE SAVANNAH FIRE DEPARTMENT AND ANY OF ITS REPRESENTATIVES SHALL NOT BE RESPONSIBLE FOR ANY INJURIES OR DAMAGES CAUSED BY THE EXHIBITION OR DISPLAY PERMITTED HEREIN AND THAT THE RESPONSIBILITY LIES SOLEY WITH THE OPERATORS AND ASSISTANTS OF SAID EXHIBITION OR DISPLAY. THE EXHIBITION OR DISPLAY SHALL BE EXECUTED IN STRICT COMPLIANCE WITH NFPA 1123 AND/OR NFPA 1126, AND CHAPTER 120-3-22 RULES AND REGULATIONS OF THE SAFETY FIRE COMMISSIONER. I FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND ACCURATE.

Applicants Signature: _____ Date: _____

Applicants Printed Name: _____

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FOR LOCAL FIRE OFFICIAL USE ONLY

After review of the application, the following action is being taken (select one applicable):

Application Denied for the Following Reason(s): _____

Application approved with no conditions

Application Approved on the Following Conditions:

Fire Apparatus Standby Required

Fire Watch Required

Additional conditions or comments:

Reviewed by: _____

Date: _____

Reviewing Local Fire Official

Approved by: _____

Date: _____

Approving Local Fire Official

ISO CLASS-I CITY