Ripon Consolidated Fire District

142 S. Stockton Ave. Ripon, CA 95366
Phone 209-599-4209 Fax 209-599-2847

Fire Chief
Dennis Bitters

FIREWORKS / PYROTECHNICS PERMIT

PLEASE READ COMPLETELY BEFORE SUBMITING APPLICATION

The following items must be included with the application 10 days prior to event.

- Payment of Fire Permit Fee payable to: Ripon Consolidated Fire District
- Diagrams of the following:
  1. The grounds of which the display is to be held, showing the point at which the fireworks are to be discharged, the location of all buildings, roads, and other means of transportation.
  2. The lines behind which the audience will be restrained (minimum of 70 feet for every inch of shell diameter).
  3. The location of all nearby trees, telegraph or telephone lines, or other overhead obstructions.
- Proof of Workers' Compensation Insurance in compliance with Labor Code 3700
- Proof of Insurance in accordance with Health and Safety Code 12610 and 12611
- Copy of current State Fire Marshal's License for Public Display of Fireworks

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FIREWORKS / PYROTECHNICS PERMIT APPLICATION

PLEASE PRINT CLEARLY

Application Submission Date: _____

Name of Organization: _____

License No.: _____ **General Special** [ ] **Limited** [ ]

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

Operator's Name: _____ **License No.:** _____

Assistant's Name: _____ **License No.:** _____

Wholesaler's Name: _____ **License No.:** _____

Date of Display: _____ **Time of Display:** _____ **Length** *(in mins.)*: _____

Location of Display: _____

Size & Quantity of Shells (single): _____

Size & Quantity of Shells (multiple break): _____

Size & Quantity of Shells (salute): _____

Size & Quantity of Set Pieces: _____

Other Items: _____

MANNER & PLACE OF STORAGE (Prior to, during, and after display)

Onsite: _____

Other (explain)**:** _____

PLEASE READ & SIGN

I agree to comply with the requirements from the California Health and Safety Code, Code of Regulations, Fire Code, and Ripon Consolidated Fire District pertaining to the aforementioned Public Fireworks Display and understand that failure to do so may result in the revocation of this permit.

Applicant Signature: _____ **Date:** _____

Phone No.: _____ **Alt. Phone No.:** _____

FOR OFFICE USE ONLY	**INSPECTION RESULTS**
Issued By: _____	**Permit Hereby: Granted** [ ] **Denied** [ ]
Date Issued: _____	**Conditions:** _____
Check No: _____	_____
	Inspector: _____ **Date:** _____