



# FIREWORKS AND PYROTECHNIC DISPLAY APPLICATION

Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Company:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Applicant's Email Address:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_ **Event Time(s):** \_\_\_\_\_

**Event Location/Address:** \_\_\_\_\_

**Setup Time and Date:** \_\_\_\_\_

**Inspection**

Name of person conducting inspection: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date and Time: \_\_\_\_\_

**Written Permission or Notarized Hold Harmless Agreement**

*Must have written permission from Owner or if City Property must have notarized Hold Harmless Agreement*

Attached Letter from Owner of Property or Authorized Representative to Hold Event

Attached Notarized Hold Harmless Agreement

**Insurance**

Provided Certificate of Insurance:  Yes  No

**Aerial Shells and Pyrotechnic Materials**

List Types: \_\_\_\_\_

Number: \_\_\_\_\_

Sizes: \_\_\_\_\_

**Detailed Site Plan**  Attached Site Plan

Dimensions of Discharge Site: \_\_\_\_\_

**Included:**

Parking Areas:	<input type="checkbox"/>	Roadways:	<input type="checkbox"/>
Spectators' Viewing Areas:	<input type="checkbox"/>	Trees:	<input type="checkbox"/>
Buildings:	<input type="checkbox"/>	Telephone Lines:	<input type="checkbox"/>
Other Overhead Obstructions	<input type="checkbox"/>		

**City of Chandler Fire Department**

Attached City of Chandler Fire Department Fireworks Supplement Personnel Form

**Mail Applications To**

Chandler Fire Department  
 Attn: Virginia Holtzclaw  
 Fire Prevention Bureau  
 P.O. Box 4008, Mail Stop 801  
 Chandler, AZ 85244-4008

**Hand Deliver Applications To**

Chandler Fire Department  
 Attn: Virginia Holtzclaw  
 Fire Prevention Bureau  
 151 E. Boston St.  
 Chandler, AZ 85225