



Appl: # _____

\$ _____ (Invoice)

FIREWORKS DISPLAY PERMIT APPLICATION

3400 Plymouth Boulevard
Plymouth, MN 55447
General Information (763)509-5430
Inspection Scheduling (763)509-5449
FAX (763) 509-5407

Property Location: _____

~ OR ~

Legal Description: Lot _____ Block _____ Subdivision Name _____

Property I.D. (PIN) No. _____

*For non-invoiced customers, permits may be mailed in or faxed in (if no plans are required).
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Applicant is: Display Contractor Other Owner

Name: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone No.:** _____

Telephone No.: _____ (Bus., pager, mobile)

Display Information:

Type of Display: Outdoor Indoor

Date of Display: _____ Time of Display: _____ Duration of Display: _____

Type and Number of Fireworks to be Discharged: _____

**MINNESOTA STATE LAW REQUIRES THAT THIS DISPLAY BE CONDUCTED UNDER THE
DIRECT SUPERVISION OF A PYROTECHNIC OPERATOR CERTIFIED BY THE STATE FIRE
MARSHAL.**

Name of Supervising Operator: _____

MN Certificate No.: _____

Application Submittal Requirements:

1. Names and ages of all assistants that will be participating in the display.
2. Proof of bond or insurance in the amount of 1.5 million dollars (\$1,500,000) minimum.
3. A diagram of the grounds at which the display will be held. This diagram must show the point at which the special effects are to be discharged; location of the ground pieces; location of buildings, highways, streets, communication lines and other possible overhead obstructions, and the lines behind which the audience will be restrained.
4. Proof that all properties within 5,000 feet of the property where the fireworks will be displayed have been notified by mail by at least ten (10) days from the date of the display.

PERMIT FEE SCHEDULE	
Fireworks Display (Indoor or Outdoor)	\$200.00
Please note: No permit for the supervised display of fireworks will be issued to allow the display of fireworks Sunday through Thursday after 8:00 p.m. from the day following Labor Day through June 1st.	

I HEREBY APPLY FOR A FIREWORKS DISPLAY PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES, (3) THE STATE FIRE CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE FIRE CODE.

Applicant's Signature

Date

Please Print Applicant's Name

For Plan Review Use Only	
Inspection Types (to be checked) <input type="checkbox"/> Final	Planning Division Approval Signature: _____ Date: _____
Fees (to be checked) <input type="checkbox"/> Permit <input type="checkbox"/> Penalty	Authorized For Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ _____
Permit Purpose (Remarks) _____ _____ _____	Signature: _____ Date: _____