



Fire Department

800 Madison Street • Lynchburg • Virginia • 24504

www.lynchburgva.gov • P 434-455-6340

Application for Fireworks Display Permit

Permit Number: _____

Date: _____

The purpose of this application is hereby made by the undersigned for a Permit to conduct a fireworks display in or on the premises known as _____ on (date) _____.

The Fireworks Display will be conducted by:

Name:	
Address:	
Phone: ()	
Contact person:	

Include with this application:

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Safety Plan
<input type="checkbox"/> Insurance Certificate or Bond	<input type="checkbox"/> List of devices to be displayed/used
<input type="checkbox"/> Signed acknowledgement from display representative/ applicant	<input type="checkbox"/> List of operators/assistants
<input type="checkbox"/> Permit fee of \$50 payable to City of Lynchburg	<input type="checkbox"/> Copy of Virginia pyro technician card for designated operator/assistant

If any of the above are not included, what is the anticipated date of submittal? _____

PLEASE READ BEFORE SIGNING:

By signing below I affirm that the activities and functions performed under this Permit will be in accordance with the currently adopted Statewide Fire Prevention Code. I also affirm that the information provided in this application is true and correct. I also understand that the Permit, if issued, is subject to immediate revocation if actions or situations are found that are not in compliance with the Statewide Fire Prevention Code or any additional stipulations or requirements listed on the Permit.

Office Use Only	
Permit Fee: _____	
Payment Received: _____	
Received By: _____	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> NOT APPROVED	
<input type="checkbox"/> APPROVED WITH CONDITIONS	

Name:	
Business Name:	
Address:	
Phone Number:	
Signature of Applicant:	
Fire Marshal's Office	

