



## South Metro Fire District

Fire Marshal's Office

341 N Conway

Raymore, MO 64083

Office 816-331-3008

### FIREWORKS/SPECIAL USE PERMIT APPLICATION

PERMIT # \_\_\_\_\_

Fee \$250

#### SPECIAL USE DESCRIPTION:

Description of request: \_\_\_\_\_

Address/Location with nearest cross streets of request: \_\_\_\_\_

Applicant Name (list company name if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

#### TYPE OF OPERATIONS:

1.3G Fireworks/  1.4 G Fireworks/  Tent structure/  Hazardous condition/  Tank/  Explosive/  Other

#### EMERGENCY CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

*Provide necessary documentation as required.*

X \_\_\_\_\_

Applicant Signature

\_\_\_\_\_ Date

\* The information contained in this application is true and accurate. I realize failure to provide accurate information may result in the Fire District permit being revoked.\* I also agree to follow all applicable laws/regulations that apply for the specific operation for which I am making application. I agree to be compliant with the following NFPA, IFC, and IBC regulations 2003 edition.\*

#### Fire District Use Only:

Application  Tax due or exempt

Permission to be on land  Fire Marshal Certificate

Insurance  Diagram of area with magnetic North

Local, State, and or Federal licenses if required / (Attach copies)