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PYROTECHNIC DISPLAY PERMIT APPLICATION

EVENT INFORMATION

Event Name: _____ Event Contact: _____
Location of Pyro: _____ Phone: _____
City/ Zip: _____ Type of Event: _____
Event Date(s): _____ Time Start: _____ Time End: _____ Total # of people: _____

DESCRIPTION OF PYRO EVENT

Please submit with this application a copy of the event packet and/or a written statement describing the event. Please including the following information: Pyro product inventory, methods of transportation, and storage.

Event packet or event details has been included with this application: Yes No
Pyro inventory has been included with this application: Yes No
Methods of transportation has been included with this application: Yes No
Storage of pyro product has been included with this application: Yes No

EVENT SPONSOR INFORMATION

Sponsor Company Name: _____ Representative Name: _____
Address: _____ Representative Phone: _____
City/ Zip: _____ Representative Email: _____
Phone: _____

PYROTECHNICIAN OPERATOR INFORMATION

Please include a current **photocopy of the pyrotechnician operator's license and the operator's drivers license.**

Name of CA License Operator Supervising Display: _____
CSFM License Class: _____ CSFM License #: _____
OPERATOR'S PHONE: _____ OPERATOR'S EMAIL: _____

PYROTECHNICIAN OPERATOR INFORMATION (Cont.)

Will there be any pyro operator assistants during the event ? Yes No

If Yes, please provide the following information:

Name: _____ Name: _____ Name: _____

Phone #: _____ Phone #: _____ Phone #: _____

Current photocopy of Operator's license has been included with application: Yes No

Current photocopy of Operator's Drivers license has been included with application: Yes No

COMPENSATION INSURANCE INFORMATION

Verification of a hold harmless or co-insured insurance for the city of Sacramento must be submitted at least 14 days prior to your event. Provide a copy of the original Certificate of Insurance, to be included with this application, which complies with the following requirements (refer to Section 993, Title 19 and 12611, California Health and Safety Code)

- The standard proof of insurance is the ACORD certificate form
- The name of the insured, the insurance carrier, the policy number, coverage limits, and effective and expiration dates for the coverage must be stated on the certificate of insurance
- Certificate holder must be listed on the certificate as City of Sacramento, 915 I Street, Sacramento Fire Department, 5770 Freeport Blvd, Suite 200, Sacramento, CA 95822.
- Insurance certificates must be signed by an authorized representative of the insurance carrier. Electronic signatures are acceptable

A photocopy of a hold-insurance or co-insured insurance for the city of sacramento has been included with this application: Yes No

Permit Fee Information

Permit Fees and Inspection Rates are posted on the City of Sacramento Website under Fees and Charges.

Fee and Charges Web-Link:

https://www.cityofsacramento.org/Online-Services/FeeChargeSearch.aspx?cu_fee_id=3123

****Applications shall be submitted 14 business days prior to the event - please submit electronically at:**

codeenforcement@sfd.cityofsacramento.org