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Fire Chief

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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](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:**

[sacfirespecialevents@sfd.cityofsacramento.org](mailto:sacfirespecialevents@sfd.cityofsacramento.org)