

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

Building Inspections Division



**DISPLAY OF FIREWORKS PERMIT APPLICATION**

Applicant Name: _____	Phone: _____
Applicant Address: _____	Suite: _____
City: _____ State: _____	Zip Code: _____
Authorized Agent Name: _____	Phone: _____
Agent Address: _____	Suite: _____
City: _____ State: _____	Zip Code: _____

Type and number of fireworks/pyrotechnic special effects to be discharged: \_\_\_\_\_

Manner and place of storage of fireworks/pyrotechnic special effects to be discharged: \_\_\_\_\_

Display location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Application Submittal Requirements:**

- Names and ages of all assistants that will be participating in the display.
- Proof of a policy of public general liability, bodily injury and property damage insurance, minimum amount of one million dollars (\$1,000,000).
- 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: lines behind which the audience will be restrained.

**Fee:** Make check payable to *City of Forest Lake*

Flat Permit Fee: \$250.00 \$ \_\_\_\_\_

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

Name of supervising operator: \_\_\_\_\_ Certification No: \_\_\_\_\_

I hereby apply for this permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Forest Lake and the Minnesota State Fire Code; that I will ensure that the fireworks/pyrotechnics special effects are discharged in a manner that will not endanger persons or property; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Periodic and/or a final inspection of this work is required by the Minnesota State Fire Code. It is the responsibility of the applicant to all the Forest Lake Building Inspections Department at 651-464-4349 to schedule an inspection prior to occupancy and/or use.

Applicants or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Inspections:  Site

Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Entered: \_\_\_\_\_ Issued: \_\_\_\_\_

**All information may be submitted electronically to: [flinspections@ci.forest-lake.mn.us](mailto:flinspections@ci.forest-lake.mn.us)**