

**SPOTSYLVANIA COUNTY  
APPLICATION FOR FIREWORKS - DISPLAY PERMIT**

Please fill out this application in its entirety. No application shall be processed until such time as the form is complete. Return completed application (and check made payable to the "Spotsylvania County Treasurer") to the Department of Fire, Rescue, and Emergency Management (FREM) at 9119 Dean Ridings Lane (2<sup>nd</sup> FL), Spotsylvania, VA, or mail to P. O. Box 818, Spotsylvania, VA 22553. Direct all inquiries to the Fire Prevention Division at (540) 507-7925.

**(A site inspection is required for this permit.)**

Applicant's Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Date of Display: \_\_\_\_\_ Time of Display: From: \_\_\_\_\_ To: \_\_\_\_\_

Location(s) of Display: \_\_\_\_\_

Description of the types of fireworks and size of shells to be displayed: \_\_\_\_\_

Circumstances under which fireworks shall be displayed: \_\_\_\_\_

**\*\*A map of the fall-out area--per NFPA Standards--must be attached.\*\*  
(The drawing must meet distance requirements.)**

Person or Company experienced in Fireworks who will participate in display:

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

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

Telephone No.: \_\_\_\_\_

Peace Officer/Responsible Party to be in attendance: Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Signature: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

**Fire Chief:**            **APPROVED**            **NOT APPROVED**    Permit No.: \_\_\_\_\_

Permit Fee of \$120/per hour:            Paid            Not Paid            **Account No.: 110-0000-313-0331**

Date: \_\_\_\_\_ Name/Title: \_\_\_\_\_

NOTE: THIS PERMIT IS VALID FOR THIRTY (30) DAYS AFTER THE DATE APPROVED BY THE CHIEF.

**\*\*A copy of Insurance/Liability must be attached.\*\***

After approval, copies of this permit will be distributed as follows:  
FREM (1), Applicant (2), Sheriff (1), and County Administration (1).