



**FIREWORKS PERMIT APPLICATION**

Responsible Party: \_\_\_\_\_

Mailing Address of Responsible Party: \_\_\_\_\_

\_\_\_\_\_

Phone # of Responsible Party: \_\_\_\_\_

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

Time of Display: From \_\_\_\_\_ to \_\_\_\_\_ (must end by midnight)

Type of fireworks: \_\_\_\_\_

Specific Location of Display: \_\_\_\_\_

\_\_\_\_\_

Reason for display: \_\_\_\_\_

- **A certified pyrotechnician is required to conduct the display. A copy of the Pyrotechnician Certification must be attached to this application.**

Name of Certified Pyrotechnician overseeing display: \_\_\_\_\_

Pyrotechnician Certification Number and expiration date: \_\_\_\_\_

NOTE: The Statewide Fire Prevention Code Act shall apply to all firework displays. Please submit your Fireworks Permit Application 30 days before the event to allow time for processing.

I agree to indemnify, hold harmless, and defend Botetourt County in the event the County is sued for reasons arising out of this fireworks display:

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

.....  
FOR OFFICE USE ONLY

\_\_\_\_\_ Approved

\_\_\_\_\_ NOT Approved

\_\_\_\_\_  
County Administrator

\_\_\_\_\_  
Date