

**Special Effects/Pyrotechnic Application (Permit)**

REQUEST SUBMITTED TO

(AUTHORITY HAVING JURISDICTION) Ventura County Fire Protection District**SPECIAL EFFECTS / PYROTECHNIC PERMIT APPLICATION TYPE**
☐ PURCHASE ☐ USE/HANDLING ☐ STORAGE ☐ TRANSPORTATION ☐ DISPOSAL OF EXCESS MATERIAL
SPECIAL EFFECTS APPLICANT:

TELEPHONE:

FAX:

CELL PHONE:

PAGER:

COMPANY / PRODUCTION:**PRODUCTION TITLE:**

OFFICE ADDRESS:

OFFICE TELEPHONE:

FAX:

CALIFORNIA STATE LICENSE#

ISSUED PERMIT#

LOCATION MANAGER:

TELEPHONE:

FAX:

CELL PHONE:

PAGER:

LOCATION(S) INVOLVED:

ASSISTANTS (SPECIAL EFFECTS)

SPECIAL EFFECTS LICENSEE NUMBER OF EACH

PERMISSION REQUESTED TO SIMULATE THE FOLLOWING:**USING THE FOLLOWING SPECIAL EFFECTS MATERIAL(S) / DEVICES (Attach additional pages as necessary)****SPECIAL CONDITIONS REQUIRED BY AUTHORITY HAVING JURISDICTION (AHJ)**☐ YES ☐ NO

FIRE SAFETY OFFICER REQUIRED ON SITE DURING EFFECTS

☐ YES ☐ NO

DATE REQ:

TIME:

WATER TRUCK(S) REQUIRED ON SITE DURING EFFECTS

☐ YES ☐ NO

NUMBER OF WATER TRUCKS REQ:

DEVIATION OF THE ABOVE SPECIAL EFFECTS OR MATERIALS, WITHOUT WRITTEN APPROVAL, WILL VOID THIS APPLICATION (PERMIT)

REQUESTED PERMIT ISSUE DATE:

REQUESTED PERMIT EXPIRATION DATE:

REVIEWING FIRE AUTHORITY: VENTURA COUNTY FIRE PROTECTION DISTRICT

AUTHORITY REPRESENTATIVE:

SIGNATURE OF SUBMITTING SPECIAL EFFECTS APPLICANT (PERMITTEE)

NOTE: VIOLATION OF CONDITIONS LISTED ON THE FRONT & BACK SIDE OF THIS FORM WILL RESULT IN THE IMMEDIATE AND AUTOMATIC REVOCATION OF PERMIT.