



**CHATHAM COUNTY DEPARTMENT OF BUILDING  
SAFETY & REGULATORY SERVICES**

1117 Eisenhower, Savannah, GA 31406  
PO Box 8161, Savannah, GA 31412-8161  
912-201-4300 – Fax 912-201-4301

**Application to Conduct Public Exhibition or Display of Fireworks and/or Fireworks or  
Pyrotechnics Exhibition or Display of Fireworks Before a Proximate Audience**

**Event Information**

Event Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date(s) of Display: \_\_\_\_\_ Time (beginning and end): \_\_\_\_\_

Date(s) Fireworks Will Be Delivered to Site: \_\_\_\_\_

Fireworks / Pyrotechnics Supplied by: \_\_\_\_\_

Type of Display: ☐ Outdoor Aerial ☐ Proximate Audience ☐ Outdoor Aerial and Proximate Audience

**Operator Information**

Operator's Company: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

GA Outdoor Display License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

GA Proximate Audience License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Insured By (if applicable): \_\_\_\_\_ Amount \$ \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**DISPLAY SHALL COMPLY WITH THE CURRENT ADOPTED EDITION OF NFPA 1123 AND/OR NFPA 1126 AND RULES OF  
THE SAFETY FIRE COMMISSIONER CHAPTER 120-3-22**

**The Following Must Be Submitted With Application**

- ☐ Site and/or facility drawing including audience separation, locations where fireworks or pyrotechnics (including flame effects) are to be fired, fallout radius, any buildings in the fallout area (if applicable), and extinguisher numbers, types, and locations.
- ☐ Proof of insurance or bond meeting the minimum amounts specified in O.C.G.A 25-10-4
- ☐ Copy of Georgia outdoor display license issued by the Safety Fire Commissioner (if applicable)
- ☐ Copy of Georgia proximate audience pyrotechnics license issued by the Safety Fire Commissioner (if applicable)
- ☐ Copy of operator and assistant's competency cards issued by the Safety Fire Commissioner
- ☐ Copy of Bureau of Alcohol, Tobacco, Firearms, and Explosives permit (if applicable)

☐ Full list of products to be used, including type, number, and size. Proximate audience product lists shall also include the SDS for all pyrotechnic materials to be used and certification of all set, scenery, and rigging materials flame retardancy.

*The submittal and acceptance of this application to conduct a Public Exhibition or Display of Fireworks and/or Fireworks or Pyrotechnics Exhibition or Display of Fireworks Before a Proximate Audience does not imply that the display is approved or that a permit will be issued. Non-compliance with applicable laws, adopted codes or standards, and Rules and Regulations promulgated by the Safety Fire Commissioner shall constitute denial of the application. The Chatham County Department of Building Safety and Regulatory Services will review the information provided and make a determination of issuance or non-issuance of permit. Incomplete applications will be returned for resubmittal.*

I, \_\_\_\_\_, UNDERSTAND THAT THE CHATHAM COUNTY DEPARTMENT OF BUILDING SAFETY AND REGULATORY SERVICES AND ANY OF ITS REPRESENTATIVES SHALL NOT BE RESPONSIBLE FOR ANY INJURIES OR DAMAGES CAUSED BY THE EXHIBITION OR DISPLAY PERMITTED HEREIN AND THAT THE RESPONSIBILITY LIES SOLELY WITH THE OPERATORS AND ASSISTANTS OF SAID EXHIBITION OR DISPLAY. THE EXHIBITION OR DISPLAY SHALL BE EXECUTED IN STRICT COMPLIANCE WITH NFPA 1123 AND/OR NFPA 1126, AND CHAPTER 120-3-22 RULES AND REGULATIONS OF THE SAFETY FIRE COMMISSIONER. I FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND ACCURATE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR LOCAL FIRE OFFICIAL USE ONLY**

After review of the application, the following action is being taken (select one):

☐ Application Denied for the Following Reason(s): \_\_\_\_\_

☐ Application approved with no conditions

☐ Application Approved on the Following Conditions:

☐ Fire Apparatus Standby Required

☐ Fire Watch Required

Additional conditions or comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_