

# Osceola County Department of Fire Rescue and Emergency Medical Services



**Life Safety Management – Fire Plans Review & Permits Section**  
**1 Courthouse Square, Suite 1400, Kissimmee, FL 34741**  
**Phone: 407-742-7000 Fax: 407-742-0203**



**Date:** \_\_\_\_\_ **Fire Dept. Permit #:** \_\_\_\_\_  
 (Fire Dept. Office Use Only)

## Permit Application for Indoor/Outdoor Display

(Permit Fee of \$\_\_\_ is not refundable)

(Applicant Shall Provide Three (3) Sets of Plans [Include Site and/or Floor Plans] and Product Submittal Data Sheets With This Application)

*Plans and Product Data Sheets shall be submitted a minimum of 21 days in advance of event*

Type of Display (check one)			
Fireworks <input type="checkbox"/>	Pyrotechnics <input type="checkbox"/>	Special Effects <input type="checkbox"/>	Other <input type="checkbox"/>

<b>Show Name:</b>	
<b>Show Address:</b>	
<b>Venue Contact Person:</b>	<b>Telephone #:</b>
<b>Ceiling Height:</b>	<b>Total square feet of clear area around discharge site:</b>

<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Telephone #:</b>	<b>Fax #:</b>

<b>Operator's Name:</b>	
<b>Permanent Address:</b>	
<b>Telephone #:</b>	<b>Fax #:</b>
<b>Driver's License #:</b>	
<b>Age:</b>	<b>Date of Birth:</b>
<b>Federal License #:</b>	
<b>Bond/Certificate of Insurance in the amount of:</b>	

<b>Starting Date:</b>	<b>Ending Date:</b>
(PER AUTHORITY HAVING JURISDICTION)	

<b>Amount of product/explosives to be discharged per show:</b>
<b>Description of Product/Explosives - Form and Size (i.e., Diameter of Mortars or Form of Product/Fuel to be Used):</b>
<b>(Note: if the display is within a building only the amount of explosives to be used in one show shall be allowed inside the building at any given time. Additional amounts shall be stored in accordance with criteria set forth by The State Fire Marshal's Rules And Regulations.)</b>

<b>Conditions of Permit</b>
<ol style="list-style-type: none"> <li>1. The applicant shall have a site inspection and approval by the Osceola County Department of Fire Rescue and Emergency Medical Services prior to conducting an event.</li> <li>2. The applicant shall comply with all applicable requirements of the Florida Statutes, the State Fire Marshal's Rules and Regulations, the Florida Fire Prevention Code, and all other applicable codes and standards.</li> <li>3. The authority having jurisdiction shall require standby fire personnel when potentially hazardous conditions exist, due to the type of performance, display, exhibit, or activity, or the number of persons present (NFPA 1 10.16.4). The number of personnel and fire department apparatus shall be determined by the Fire Marshal after review of the specifics of the event.</li> </ol>

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I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statues, county ordinances, federal, state, and local regulations. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold Osceola County harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.

**Notice:**

The name of the person signing, along with their title, is to be typed immediately below the signature line. Proof that the person is signing is in fact an authorized representative of the applicant is to be offered prior to notarizing the signature.

**Signature:**

**Name (Printed or Typed):**

**Title (Printed or Typed):**

Notary Public

**State of Florida County of:**

<b>Sworn to and Subscribed Before Me This:</b>	(Day)	(Month)	(Year)
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**Notary Public:**

**My Commission Expires:**

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Life Safety Management Use Only

**Clearances: (May BE Obtained by Phone)**

**Fire Department:**  Approved     Disapproved

Services Required By Life Safety Management Office

Amount:	Description:	Equipment	Hours	Rate	Cost
<b>TOTAL COSTS →</b>					

**Fire Official's Representative:**

**Date:**

**Reviewer's Comments:**
