

WAUSAU FIRE PERMIT APPLICATION - Fireworks Display

407 GRANT STREET, WAUSAU WI 54403, PH # (715) 261-6620

Firework Type: High Grade (100 ft or more height) Low Grade (100 ft or less height)
 Permit Fee: \$100 \$100

Date of Application: _____ Date of Display: _____

Location of Shoot: _____ Time of Shoot: _____

Applicant: _____ Phone #: _____

Address: _____ Other Phone #: _____

CERTIFIED PYRO-TECHNICIAN (SHOOTER) - Please attach additional pages for information on all shooters:

Name of Certified Pyro-Technician: _____ Certification # & Date: _____

Technician Address: _____ Phone # _____

Answer the Following Questions Completely	Yes	No
1. Have you provided the City Clerk with shooter's liability insurance policy in the amount of \$1,000,000 naming the City of Wausau as an additional insured?		
2. Are you aware the City requires all shooters to follow NFPA (National Fire Protection Association) fire safety codes and each shooter must have proper and acceptable certification? (Attach a resume of shooting history for each shooter).		
3. Are you aware the City requires Fire Department Personnel to "Standby", during High Grade displays? (Standby fees were charged in the past, but are currently not being charged, however the City retains the right to charge standby fees in the future)		
4. Have you included a set list and sketch of your display plan including 1) the distance between the shoot zone and the public and/or structures in the area; 2) the size and height of shells used in the display plan; and 3) the designated fallout zone planned for the display?		
5. Are you familiar with the step down process used when fallout is observed by trained spotters and/or Fire Department Personnel to be falling outside the designated fallout zone during wind condition changes?		
6. Are you aware an inspection by the City of Wausau Fire Inspectors must be made and approved and that no fireworks may be shot without first being granted and issued a display permit?		
7. Are you aware, the applicant is responsible for the strict adherence of all applicable rules, regulations, laws and ordinances associated with the displaying of fireworks?		

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this permit, to comply with the laws of the Federal Government, State of Wisconsin, City of Wausau and the rules and regulations of the various regulatory agencies and commissions pertaining to the activities permitted under the permit for which this application is being made. I understand the Fire Chief and/or his designees have the right to terminate the shoot for actual or perceived safety concerns; procedural issues or concerns; violations of any rules or regulations after the permit has been issued. I accept full responsibility for strict adherence of all rules, regulations, laws and ordinances of federal, state and local authorities.

 (Applicant Signature) Date

For Official Use (Date Tracking):

App Rec'd by City Clerk		App forwarded to Fire Dept	
Shoot Plan Reviewed:		Shoot Site Inspected:	
Permit Authorized by Fire Dept		Permit Issued & Mailed by Clerk	

FIREWORK DISPLAY PLAN

Firework Sets: (add additional sheets if necessary)

How Many	Type of Fireworks	Size of Shell	Display Height

Sketch of Shoot (including fallout zone and distances between shoot zone and spectators / structures)

Plan Reviewed and Site Inspection Performed by:

Date:

Application for Display Permit is:

Comments / Restrictions / Conditions:

Approved

Denied

SHOOTER / SPOTTER DETAIL

1.	<input type="checkbox"/> Shooter	<input type="checkbox"/> Trained Spotter		
Name:	_____		Phone:	_____
Address:	_____		Certification #:	_____
Assigned Location:	_____		Certification Date:	_____
2.	<input type="checkbox"/> Shooter	<input type="checkbox"/> Trained Spotter		
Name:	_____		Phone:	_____
Address:	_____		Certification #:	_____
Assigned Location:	_____		Certification Date:	_____
3.	<input type="checkbox"/> Shooter	<input type="checkbox"/> Trained Spotter		
Name:	_____		Phone:	_____
Address:	_____		Certification #:	_____
Assigned Location:	_____		Certification Date:	_____
4.	<input type="checkbox"/> Shooter	<input type="checkbox"/> Trained Spotter		
Name:	_____		Phone:	_____
Address:	_____		Certification #:	_____
Assigned Location:	_____		Certification Date:	_____
5.	<input type="checkbox"/> Shooter	<input type="checkbox"/> Trained Spotter		
Name:	_____		Phone:	_____
Address:	_____		Certification #:	_____
Assigned Location:	_____		Certification Date:	_____
6.	<input type="checkbox"/> Shooter	<input type="checkbox"/> Trained Spotter		
Name:	_____		Phone:	_____
Address:	_____		Certification #:	_____
Assigned Location:	_____		Certification Date:	_____

Review of Shooters Performed by:

Date:

Shooters / Spotters:

Comments / Restrictions / Conditions:

Approved

Denied