

# JOHNSON COUNTY, KANSAS APPLICATION FOR PERMIT



## FIREWORKS DISPLAY

Revised 7-8-09



Application for permit to operate a display of outdoor fireworks in conformance with the terms of Resolution 66-88 of the General Laws of Johnson County shall be made in writing on forms provided by the Johnson County Planning and Codes office. All requested information must be provided. Incomplete applications will be returned. **Completed applications must be received a minimum of 10 days prior to the event.** Approved displays shall include only the approved Division 1.3G, Division 1.4G, and Division 1.4S. Fireworks shall be handled by an approved competent operator, and the fireworks shall be arranged, located, discharged and fired in a manner that will not pose a hazard to property or endanger any person. This permit does not grant, authorize, or imply approval for the discharge or fireworks by children.

Name of Applicant: \_\_\_\_\_  
(Must be person primarily responsible for management and operation of display)

Applicant's address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of civil group or organization applicant represents: \_\_\_\_\_

Type of holiday celebration or special event: \_\_\_\_\_

Location of display: \_\_\_\_\_

Proposed date & time of display: \_\_\_\_\_

Proposed rain date & time of display: \_\_\_\_\_

Name & Phone Number of persons conducting fireworks display (1.3G displays – attach copy of State License):

\_\_\_\_\_  
\_\_\_\_\_

Type, size & amount of fireworks to be discharged: \_\_\_\_\_

Storage location of fireworks: \_\_\_\_\_

Owner of property where display is to be located: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide copy of liability insurance policy covering event. Documentation must include the following information:

- |  |  |
|--|--|
| <input type="checkbox"/> Name of Insurance Company | <input type="checkbox"/> Name of Agent   |
| <input type="checkbox"/> Agent contact number      | <input type="checkbox"/> Policy Number   |
| <input type="checkbox"/> Policy Limits             | <input type="checkbox"/> Coverage Period |

**Description of Health and Safety Provisions:**

Sanitary Facilities: \_\_\_\_\_ Noise Control: \_\_\_\_\_

Parking: \_\_\_\_\_ Clean-up/Restoration: \_\_\_\_\_

Traffic Control: \_\_\_\_\_ Security: \_\_\_\_\_

Fire Safety (at least two extinguishers must be at site): \_\_\_\_\_

Medical Emergency/First Aid: \_\_\_\_\_

By submitting this application, applicant and property owner(s) agree to allow on the premises any Johnson County Code Enforcement Officer or Law Enforcement Officer for the express and limited purpose of inspecting the activity applied for and all related facilities.

**CONSENT OF PROPERTY OWNER**

I/we \_\_\_\_\_, owner(s) of the above-described property, hereby expressly give my/our consent to the use of my/our property for the event applied for in this application.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

SITE PLAN

IFC 3308 - This application must include a diagram of the location at which the display will be conducted, including the site from which fireworks will be discharged; the location of buildings, highways, overhead obstructions and utilities; and the lines/barriers behind which spectators will be restricted from crossing.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMERGENCY SERVICES APPROVAL  
FOR JOHNSON COUNTY FIREWORKS PERMIT**

The applicant must complete **SECTION 1** and submit with application to the County Planning and Codes office. SECTION 1 of this document must be completed and returned with the application for permit to the Planning and Codes Office before a permit will be issued.

**SECTION 1 - This section to be completed by Applicant:**

<b>Name of Applicant:</b> _____
<b>Date of Event:</b> _____ <b>Start Time:</b> _____ <b>End Time:</b> _____
<b>Location of Event:</b> _____
<b>Description of Event:</b> _____

**SECTION 2 - This section will be completed by the Code Official and appropriate fire district.**

Fire Chief's findings, recommendations, and safety concerns after investigating the operator, location, and handling of the display in accordance with the County Code of Regulations for Special Events and Activities. (if none, please write "none"): _____ _____ _____
---

Approved  Disapproved  \_\_\_\_\_  
Signature of Fire Chief Date

Approved  Disapproved  \_\_\_\_\_  
Site Inspection Completed By Date

Approved  Disapproved  \_\_\_\_\_  
Signature of County Fire Marshal Date

Johnson County Sheriff's Office Notified of Event Date and Location?  YES

Permit Issued?  YES  If NO, describe reason denied \_\_\_\_\_

**A COPY OF THIS SIGNED PERMIT MUST BE MAINTAINED ON SITE DURING THE EVENT**