



GARDEN GROVE FIRE DEPARTMENT
PERMIT APPLICATION
FILMING / PYROTECHNICS

EVENT NAME: _____

PERMIT LOCATION: _____ (PHYSICAL LOCATION, INCLUDE SITE MAP)

PERMIT ADDRESS: _____

APPLICANT NAME: _____

PHONE NUMBER: _____ PHONE NUMBER: (cell) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRODUCTION COMPANY: _____

PRODUCTION TITLE: _____

LOCATION MANAGER: _____ PHONE: _____

PYROTECHNICIAN
MANAGER: _____ PHONE: _____

STATE FM #: _____

REQUESTS: (FIRE INSPECTOR, FIRE ENGINE...) _____

Pyrotechnics: ITEM: _____ QTY: _____ UNITS: _____

HOW STARTED: _____

SMOKE COLOR: _____

EVENT DATE(S): _____ EVENT TIMES: _____

ISSUE DATE: _____

SIGNATURE:

DATE:

Further information and requirements may be required as determined by Fire Department.

OFFICE USE ONLY

PERMIT #: _____ INVOICE #: _____

INSPECTION #: _____ INSP ID #: _____

EXPIRATION DATE: _____ STANDBY ID: _____