Phoenix Fire Department

Fire Prevention

Fireworks Displays /Pyrotechnics/ Special Effects Permit Application – Plan Submittal Required

☐ Special Effects & Theatrical / Indoor Pyrotechnics F714

☐ Flame Effects
☐ Outdoors
☐ Indoors

☐ Outdoor Fireworks F704 Max Diameter of Shells _____ Number of Shells _____

☐ First Performance $600

☐ Additional Performances for Same Event (Within 12 months of first performance) $150

☐ Additional Plan Review (Changes to approved plans) $450

☐ Expedited Plan Review (Plans submitted less than 10 business days in advance of event) $450

☐ Stand-by Time per Inspector
(When required by Fire Code Official – may be billed separately. Minimum three (3) hours billed. Each additional hour is $150) $450

Total: $ _____

Business Information					
Name of Event:					
Name of Occupancy or Property Owner:					
Complete Event Address:					
Date(s) of Operation:		Time(s):		Desired Inspection Date/Times:	
Responsible Party:			Phone:		
Responsible Party Address:	Address:		City:	St:	Zip:
Responsible Party Email:					
Shooter Name(s):			C.O.F.#		

Payment is due at the time of application submittal. All Fees are non-refundable.
Inspection will not be scheduled until payment is processed.

Permit applications may be faxed to 602-495-7429, submitted in person weekdays 8:00 am to 4:30 pm, or mailed.
For permit questions or to speak to a Fire Inspector call: 602-262-6771.

For more information see www.phoenix.gov/fire/prevention

Phoenix Fire Department ~ Fire Prevention Division
150 South 12th Street Phoenix, AZ 85034

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Credit Card Payment Form*

* Credit card payments can only be accepted via fax, postal mail or in person.
This form does NOT qualify as the permit application, a separate permit application must be submitted.

Use for Records Requests Address Researched:	
Company Requesting Research:	
What are you paying for?: Records, Job Name, Event, or Permit Number:	
Business, Event, or Job Address:	
Name of Event (if applicable):	
Credit Card Number:	Expiration Date:
Cardholder Name:	Amount to be Charged:
Credit Card Billing Address:	Billing Zip:
Contact Name:	Phone Number:
Other Instructions (i.e. fax/email receipt):	

Payment is due at the time of application submittal. All fees are non-refundable.

Credit card payments will not be accepted by email or by phone.

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Please note: This form will be destroyed once payment has been processed.

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