



## South Metro Fire District

Fire Marshal's Office  
341 N Conway  
Raymore, MO 64083  
Office 816-331-3008

FIREWORKS/SPECIAL USE PERMIT APPLICATION

PERMIT # \_\_\_\_\_

Fee \$250

### SPECIAL USE DESCRIPTION:

Description of request: \_\_\_\_\_

Address/Location with nearest cross streets of request:  
\_\_\_\_\_

Applicant Name (list company name if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### TYPE OF OPERATIONS:

1.3G Fireworks/  1.4 G Fireworks/  Tent structure/  Hazardous condition/  Tank/  Explosive/  Other

### EMERGENCY CONTACT:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

*Provide necessary documentation as required.*

X \_\_\_\_\_

Applicant Signature

\_\_\_\_\_ Date

\* The information contained in this application is true and accurate. I realize failure to provide accurate information may result in the Fire District permit being revoked.\* I also agree to follow all applicable laws/regulations that apply for the specific operation for which I am making application. I agree to be compliant with the following NFPA, IFC, and IBC regulations 2003 edition.\*

### Fire District Use Only:

\_\_\_\_\_ Application

\_\_\_\_\_ Tax due or exempt

\_\_\_\_\_ Permission to be on land

\_\_\_\_\_ Fire Marshal Certificate

\_\_\_\_\_ Insurance

\_\_\_\_\_ Diagram of area with magnetic North

\_\_\_\_\_ Local, State, and or Federal licenses if required / (Attach copies)