



# TOWN OF MADISON FIRE DEPARTMENT

2120 Fish Hatchery Road Madison, Wisconsin 53713

Telephone: 608-210-7261 Fax: 608-210-7235

## PERMIT APPLICATION PYROTECHNIC DISPLAY OF FIREWORKS

DAVID M. BLOOM  
CHIEF

### INSTRUCTIONS:

- 1) Applications must be submitted to the Town of Madison Fire Department at least 30 days in advance of the pyrotechnic display.
- 2) The application submittal must include the supporting documentation as follows:
  - a) Certificate of Insurance naming the Town of Madison, Their officers, Directors, Employees, Agents and Representatives as an additional insured. The certificate must indemnify the Town. The minimum amount of liability insurance shall be \$1,000,000.
  - b) A complete list of all pyrotechnic devices to be displayed. Displays before an approximate audience require the submittal of device and effect descriptions.
  - c) Site plan(s) which detail the firing site and device layout and an overall site plan indicating the locations of spectators, the firing site, the fallout perimeter, and fireworks storage area.
  - d) Letter of permission to display fireworks by the property owner.
  - e) Resumes for each pyrotechnician to be on-site.
- 3) Application submittal must include a check payable to the Town of Madison Treasurer for \$25.00.
- 4) Mail submittal to: **Fire Chief, Town of Madison Fire Department**  
2120 Fish Hatchery Road  
Madison, Wisconsin 53713
- 5) Call 608-210-7261 with questions regarding these regulations.

**DATE AND TIME OF DISPLAY:** \_\_\_\_\_ **RAIN DATE:** \_\_\_\_\_

### SITE INFORMATION:

Name: \_\_\_\_\_ Property Owners Name: \_\_\_\_\_

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

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

Fallout Perimeter designated by: \_\_\_\_\_ Maintained by: \_\_\_\_\_

### PYROTECHNICS COMPANY:

Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Number of pyrotechnicians to be on-site: \_\_\_\_\_ Lead Pyrotechnicians: \_\_\_\_\_

Support Pyrotechnicians: \_\_\_\_\_

\_\_\_\_\_

**I, the undersigned do hereby agree to comply with section 3-7-26 of the Town of Madison Code of Ordinances.**

\_\_\_\_\_  
Name of Applicant(type or print)

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

\_\_\_\_\_  
Date of Application