

**Town of Putney Fire Department
Fire Prevention Division**

Fireworks Display Permit

Section A; Person / Agency Requesting Permit

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Organization Represented: _____

Section B; Person / Organization Responsible for Display

Name: _____

Address: _____

Telephone: _____ E-mail: _____

License Information: _____

Section C; Display Information

Date & Time of Display: _____

Specific Location of Display: _____
(Provide site plan)

Location of Fireworks Storage Prior to Display: _____

Type of Display: _____

Diameter of Largest Shell Included in Display: _____

Section D; Fee Calculation:

Inspection of Display Equipment / Display Area / Storage	\$150.00 Flat Fee	\$ _____
	Total Fee	\$ _____

Property Owner / Applicant Signature: _____

Date of Application: _____

Office Use Only*

Date Received:	Approval Date:	Permit #:
Denial Date:	Permit Denial Reason:	
Amount Due:	Amount Rec'd:	Check From:

Terms & Conditions

Please return form and payment to: Putney Fire Department
14 Main Street; PO Box 875
Putney, Vermont 05346