



LAKE COUNTY PUBLIC SAFETY DEPARTMENT

Fire Rescue Division

FIRE LOSS MANAGEMENT SECTION

FIREWORKS USE AND DISPLAY PERMIT PROCESS

This application may either be electronically completed by downloading it from our website or completed by hand in a clear and legible manner.

The information provided on the permit application may require the County to contact the Applicant throughout the permitting process. Prior to completing the fee total, the Applicant must follow the steps listed below without exception. The Applicant may be given further direction after the application, accompanied by any applicable fees, has been received by Fire Loss Management.

PROCESS STEPS:

1. Contact the Lake County Fire Loss Management Section at least 14 business days in advance to arrange an appointment for an on-site survey of the planned fireworks event.
2. Fire Loss Management staff will schedule and conduct the site inspection to best determine life safety issues and measures, property/exposure protection and any special resource needs that may be required.
3. After the survey is completed, the Fire Loss Management Section will contact the Applicant and advise the Applicant of any required Fire Rescue apparatus and staffing requirements to facilitate the safe use and display of the fireworks.
4. After receiving the information from the Fire Loss Management Section, the Applicant may then complete the FEE section of the permit application form with the total amount. A check or money order payable to Lake County BCC must be included with the completed and signed permit application packet when submitted for event approval and permit issuance.
5. The signed permit application and applicable fee must include the below listed documents. The permit application will not be processed until all documents have been provided and received by Fire Loss Management:
 - Pyrotechnic Certification Document.
 - Bureau of Alcohol, Tobacco, and Firearms (BATF) License.
 - Certificate of Insurance with Lake County BCC listed as "Additional Insured" – **SAMPLE** included as attachment.
 - Detailed site plan schematic visually illustrating event layout including firing zone, safety zones, spectator areas, and surrounding properties as potential exposures. Show site map scale and If not to scale, please show distances in estimated feet. Hand-drawn illustrations are permitted if cleanly drawn and they meet desirable expectations and the visual intent of use.
6. After receiving the completed application and check or money order with the above required documents, the Fire Loss Management Section will contact the Applicant to confirm the status of this permit – approved or disapproved for cause. This confirmation will be followed up by a formal disposition of your permit on official letterhead [sample attached] with the PERMIT NUMBER listed. Once notified of approval, the Applicant will be provided the Fire Rescue contact information to arrange and schedule any needed apparatus and personnel for standby at the fireworks event.

The Lake County Fire Rescue standby fee schedule, as adopted by County Ordinance, is included with this packet.

Should the Applicant have any questions, please feel free to contact the Fire Loss Management Section for further assistance.

FIRE LOSS MANAGEMENT SECTION

LCDPS-FR-FLMS Fireworks Permit Process Rev 2012 CAO Approved 02-15-12



LAKE COUNTY PUBLIC SAFETY DEPARTMENT
Fire Rescue Division

FIRE LOSS MANAGEMENT SECTION

FIREWORKS USE AND DISPLAY PERMIT

DATE:

PERMIT NUMBER #:

[FLMS OFFICE USE ONLY]

APPLICANT NAME:

BUSINESS NAME:

MAILING ADDRESS:

TELEPHONE NUMBER:

[Include Area Code]

AFTER-HOURS PHONE:

[Include Area Code]

EMERGENCY CONTACT and PHONE:

[Include Area Code]

JOB SITE LOCATION:

[Physical location of
Use and Display]

Type of Display and Purpose:

Display Schedule:

[Date, Day, Start
Time, and Duration]

Estimated Number of Spectators:

Pyrotechnician Information:

[Name of licensed Pyrotechnician,
Company Name, and Contact Number]

Number of Pyrotechnic Workers on Site:

APPLICANT SIGNATURE:

DATE:

APPLICATION REVIEWED BY:

DATE:

DISPOSITION OF APPLICATION:

[Refer to FLMS Confirmation Letter]

Approved

Disapproved

PERMIT FEE: \$75 plus STANDBY FEES: \$100 per apparatus per hour [1-hour min] and \$30 per person per hour for FR Personnel [2-person min].

FEE TOTAL [\$\$]:

[Please make check payable to: Lake County BCC]

REQUIRED ATTACHMENTS: Copy of Pyrotechnic Certification, BATF License, Certificate of Insurance, and Site Plan Drawing with schematic details of display area such as, but not limited to: firing zone, safety zones, spectator area, and surrounding properties as potential exposures. **NOTE:** Permit will NOT be processed without these required documents attached.

Questions should be directed to: Fire Loss Management Section 352.343.9458.

Complete form, sign, print, and return to: Lake County Fire Rescue, 315 W. Main Street, Tavares, FL 32778-7800. Thank you.

**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
FEE SCHEDULE – Fire Rescue Excerpt from BCC website posting**

Fire Rescue Fees:

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| Fee Title | Fee Schedule |
|------------------------------------|--------------|
| Stand-By Fees | |
| Personnel Stand-By (per hour) | \$30 |
| Fire Apparatus Stand-By (per hour) | \$100 |
| Fireworks Display Permit | \$75 |
| Extinguisher Class | \$25 |
| Command Trailer (per hour) | \$150 |
| Fire Apparatus (per hour) | \$100 |
| Expendable Items | Cost |

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Above fees effective as of 10/1/2010

Source: BCC Website Link

http://www.lakecountyfl.gov/departments/public_safety/fee_schedule.aspx#firerescue

**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
INSURANCE REQUIREMENTS FOR APPLICANT – FIREWORKS USE AND DISPLAY PERMIT**

The APPLICANT [hereinafter referred to as the PERMITTEE] shall purchase and maintain, at its expense, from a company or companies authorized to do business in the State of Florida, and which are acceptable to the County, insurance policies containing the following selected types of coverage and minimum limits of liability protecting from claims which may arise out of or result from the performance or non-performance of services under this permitted activity [i.e., use and/or display of fireworks, including special effects involving pyrotechnics] carried out by the PERMITTEE or by anyone directly or indirectly employed by it, or by anyone for whose acts it may be liable:

APPLICANT shall not commence use and/or display of firework under the Permit until COUNTY has received an acceptable certificate or certificates of insurance evidencing the required insurance, which is as follows:

General Liability insurance on forms no more restrictive than the latest edition of the Occurrence Form Commercial General Liability policy (CG 00 01) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

| | |
|-----------------------------------|-----------------------|
| Each Occurrence/General Aggregate | \$1,000,000/2,000,000 |
| Products-Completed Operations | \$2,000,000 |
| Personal & Adv. Injury | \$1,000,000 |
| Fire Damage | \$50,000 |
| Medical Expense | \$5,000 |
| Contractual Liability | Included |

Automobile liability insurance, including owned, non-owned, and hired autos with the following minimum limits and coverage:

| | |
|-----------------------|-------------|
| Combined Single Limit | \$1,000,000 |
|-----------------------|-------------|

Workers' Compensation insurance based on proper reporting of classification codes and payroll amounts in accordance with Chapter 440, Florida Statutes, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc). If not required by law to maintain workers compensation insurance, the PERMITTEE must provide a notarized statement that if he or she is injured, he or she will not hold the County responsible for any payment or compensation.

Employers Liability with the following minimum limits and coverage:

| | |
|-----------------------|-------------|
| Each Accident | \$1,000,000 |
| Disease-Each Employee | \$1,000,000 |
| Disease-Policy Limit | \$1,000,000 |

Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners, shall be named as additional insured as their interest may appear on all applicable policies.

Certificate(s) of insurance shall provide for a minimum of thirty (30) days prior written notice to the County of any change, cancellation, or nonrenewal of the required insurance.

If it is not possible for the Vendor to certify compliance, on the certificate of insurance, with all of the above requirements, then the Vendor is required to provide a copy of the actual policy endorsement(s) providing the required coverage and notification provisions.

Certificate(s) of insurance shall identify the permit number in the Description of Operations section of the Certificate.

Certificate of insurance shall evidence a waiver of subrogation in favor of the County, that coverage shall be primary and noncontributory, and that each evidenced policy includes a Cross Liability or Severability of

Interests provision, with no requirement of premium payment by the County.

Certificate holder shall be:

**LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, AND THE
BOARD OF COUNTY COMMISSIONERS.
P.O. BOX 7800
TAVARES, FL 32778-7800**

All self-insured retentions shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, the insurer shall reduce or eliminate such self-insured retentions; or the PERMITEE shall be required to procure a bond guaranteeing payment of losses and related claims expenses.

The County shall be exempt from, and in no way liable for, any sums of money, which may represent a deductible or self-insured retention in any insurance policy. The payment of such deductible or self-insured retention shall be the sole responsibility of the PERMITEE and/or subcontractor providing such insurance.

The PERMITEE shall be responsible for subcontractors and their insurance. Subcontractors are to provide Certificates of Insurance to the County evidencing coverage and terms in accordance with the PERMITEE requirements.

Failure to obtain and maintain such insurance as set out above will be considered a breach of permit and may result in termination of the permit for default.

Neither approval by the County of any insurance supplied by the PERMITEE, nor a failure to disapprove that insurance, shall relieve the PERMITEE of full responsibility of liability, damages, and accidents as set forth herein.

SAMPLE CERTIFICATE OF INSURANCE

HIGH LIMIT - NO LIQUOR LIABILITY

Date Certificate Produced

Permittee's Insurance Broker

Name of Permittee

| | | |
|--|---|---|
| ACORD₂₅ CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 02/05/09 |
| PRODUCER AGENCY MANAGER, INC. 2500 BOND STREET UNIVERSITY PARK, IL 60466 800-899-5368 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED SUBCONTRACTOR 123 MAIN STREET SAN FRANCISCO, CA 45678 | INSURERS AFFORDING COVERAGE INSURER A: SELECTIVE INSURANCE INSURER B: STATE FARM INSURER C: INSURER E: | HAIC # _____ _____ _____ _____ |

Policy No. and Current dates are required

"Claims Made" or "Modified Occurrence" is not acceptable.

Automobile liability must be written on an "any auto" basis, including hired/non-owned

This section should also reference the permit number, date(s), and location of event.

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR. DOCL. LTR. HEAD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|-----------------------|--|---------------|------------------------------------|-------------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER. POLICY <input type="checkbox"/> PER <input type="checkbox"/> FIRST <input type="checkbox"/> LOG | 123456789 | 08/01/08 | 08/01/09 | EACH OCCURRENCE \$ 1,000,000 DAMAGE-RENTED PREMISES (EA OCCUR) \$ 50,000 MED EXP. (Any one person) \$ 5,000 PERSONAL & ADW. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 123456789 | 08/01/08 | 08/01/09 | COVERED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC. AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER'S EXECUTIVE OFFICER/VERISURE EXCLUDED If yes, describe under SPECIAL PROVISIONS below OTHER | 34567812 | 08/01/08 | 08/01/09 | <input checked="" type="checkbox"/> WS STAT. <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder mentioned below is an additional insured as respects to General Liability coverage. The insurance evidenced by this certificate shall be primary and non-contributory to any other insurance of the certificate holder and contains Waivers of Subrogation in Favor of the Certificate Holder as well as severability of interests provisions

The two "each occurrence" boxes should be at least as required in your contract

The totals in each box should be 100/100/500 or greater

| | |
|--|--|
| CERTIFICATE HOLDER Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners P.O. Box 7800 Tavares, Florida 32778-7800 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE _____ |
|--|--|

ACORD 25 (2001/08)

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This should name your entity with proper address

Signed by the Broker



[Date]

[Applicant Name, Title, and Mailing Address]

RE: Fireworks Permit

Dear [Name]

Your application for a fireworks display at [event location] has been **APPROVED**. Your application approval is attached for your records and should be made available at the time and place of the event should it be requested by local authorities.

The fireworks display is permitted for [Date and Time Specific].

Please contact as soon as possible the Fire Rescue Administration at 352.343.9458 for scheduling any standby apparatus and personnel for your event. If applicable, Fire Rescue standby resources are required to be present for the Permit to be valid.

Should you need any additional assistance, please do not hesitate to contact me...

Sincerely,

J.B. Blackwell
Fire Marshal/Captain

Lake County Public Safety Department
Fire Rescue Division
Fire Loss Management Section
jblackwell@lakecountyfl.gov

PERMIT

Permit is NON-TRANSFERABLE and only VALID for event date[s] indicated above.

FIRE RESCUE | A division of the Public Safety Department
P.O. BOX 7800 • 315 W. MAIN ST., SUITE 411, TAVARES, FL 32778 • P 352.343.9458 • F 352.343.9516
Board of County Commissioners • www.lakecountyfl.gov



[Date]

[Applicant Name, Title, and Mailing Address]

RE: Fireworks Permit

Dear [Name]

Your application for a fireworks display at [event location] is **NOT APPROVED** for the following causes and/or conditions:

[Reasons for disapproval listed and/or explained here]

Your processed application is attached for your record and final disposition.

Please contact me as soon as possible for further discussion in an effort to resolve your permit application request.

Sincerely,

J.B. Blackwell
Fire Marshal/Captain

Lake County Public Safety Department
Fire Rescue Division
Fire Loss Management Section
jblackwell@lakecountyfl.gov

Attachment [1]

FIRE RESCUE | *A division of the Public Safety Department*
P.O. BOX 7800 • 315 W. MAIN ST., SUITE 411, TAVARES, FL 32778 • P 352.343.9458 • F 352.343.9516
Board of County Commissioners • www.lakecountyfl.gov

JENNIFER HILL
District 1

SEAN M. PARKS, AICP, QEP
District 2

JIMMY CONNER
District 3

LESLIE CAMPIONE
District 4

WELTON G. CADWELL
District 5