

Name:

## **Application for Fireworks Permit**

Johnson County Board of Supervisors Office 855 South Dubuque Street, Iowa City, Iowa 52240

Phone: 319-356-6000

Email: <a href="mailto:applications@johnsoncountyiowa.gov">applications@johnsoncountyiowa.gov</a> Website: <a href="mailto:www.johnsoncountyiowa.gov/fireworks">www.johnsoncountyiowa.gov/fireworks</a>

Completed applications should be submitted to the Board of Supervisors Office at least 21 days before the display.

Email:

## **Applicant information**

Address:	City:
Phone number:	Contact person:
isplay information elect type of fireworks display (See Johnson County Ordinar	nce No. 10-24-24-01 for definitions.):
☐ Consumer fireworks (Class C, 1.4G)	☐ Display fireworks (Class B, 1.3G)
No person shall use or discharge Consumer Fireworks in unincorporated Johnson County without a permit, except on the following days when a permit is not needed:  • July 3-5 between 9:00am and 11:00pm;  • December 31 between 9:00am and 11:59pm; and  • January 1 from midnight to 12:30am	No person shall use or discharge Display Fireworks in unincorporated Johnson County without a permit
Date of fireworks display*:	Alternative date of fireworks display:
Start time of fireworks display:	End time of fireworks display:
to the date of the display.	department and the Johnson County Sheriff's Office prior the State Fire Marshall or other appropriate authority, all such time as the burn ban is lifted.
Location of fireworks display	
Physical address of display:	City:
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#### Drawing of the display site

	Attach	a map/drawing,	which	should	include:
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- 1. Discharge site
- 2. Fallout area
- 3. Locations and distances (in feet) from:
  - a. Spectators
  - b. Parking
  - c. Structures (include both occupied and unoccupied structures including but not limited to towers, substations, solar arrays, and agricultural buildings)
  - d. Public roads and rights-of-way (e.g., trails, sidewalks, and other areas where the public may congregate)
  - e. Private roads and rights-of-way (e.g., trails, sidewalks, and other areas where the public may congregate)
  - f. Hazardous Materials (e.g., private propane tanks, above-ground pipelines and above-ground fuel tanks)
- 5:2.5a. **Separation distances requirements for Fireworks Display.** The discharge site of all fireworks displays shall be separated from spectator viewing areas, parking areas, and any structures by a minimum of 140 feet or 70 feet per inch of mortar diameter, whichever is greater, as indicated in the following table.

5:2.5b. **Minimum Fallout Area for Fireworks Display.** The minimum fallout area diameter of all firework displays shall be 200 feet or 100 feet per inch of mortar diameter, whichever is greater, as indicated in the following table.

	Separation distance of discharge site	Minimum fallout area diameter
	from spectator viewing areas, parking	may not contain any spectator viewing
	areas, public and private rights-of-way,	areas, parking areas, public or private
Mortar	hazardous materials sites, and	rights-of-way, hazardous materials sites,
Diameter	any structures	or structures
less than or equal to 2.5 inches	140 feet	200 feet
Greater than 2.5 - 3 inches	210 feet	300 feet
4 inches	280 feet	400 feet
5 inches	350 feet	500 feet
6 inches	420 feet	600 feet
7 inches	490 feet	700 feet
8 inches	560 feet	800 feet
9 inches	630 feet	900 feet
10 inches	700 feet	1000 feet
11 inches	770 feet	1100 feet
12 inches	840 feet	1200 feet
Greater than 12 inches	To be determined by Board of Supervisors	To be determined by Board of Supervisors

#### **Insurance**

☐ Attach a signed Hold Harmless Agreement in favor of the County
☐ Attach proof of workers' compensation insurance, where appropriate
Class B display fireworks: Attach a bond or proof of insurance in an amount not less than \$1,000,000
Class C consumer fireworks: Attach proof of insurance

### **Operator information**

Operator is defined as a person trained in fireworks safety who will set up and explode the fireworks and has at least completed the applicable American Fireworks Association (AFA) or the Pyrotechnics Guild International (PGI) training, education, and testing programs and requirements. An operator may be a person who is apprenticing or is training to become certified.

Name:	Email:
Address:	City:
Phone number:	Operator is 21 years of age or older?
Explanation of operator's proficiency, training, and experie	ence (attach page if applicable):
Detailed description of intended fireworks display to include any special considerations (attach page if applicable):	de amount and type of fireworks, shell and mortar size, and
Certification	
Any applicant requesting a permit for a display of Class B discurrent and valid ATF permit as set forth by the Safe Explosion (AFA) or the Pyrotechnics Guild International, Inc. (PGI). Any consumer fireworks shall have an operator who is certified by	ves Act and is certified by the American Fireworks Association applicant requesting a permit for a display of Class C
☐ Attach copy of AFA certification number:	,
☐ Attach copy of current PGI card/certificate	
☐ Attach copy of ATF permit number:	
Specify other basis of proficiency:	

# **Signature and Permit Fee** ☐ Application fee amount: \$40.00 (cash or check payable to the Johnson County Treasurer) I hereby affirm that I have read Johnson County Ordinance No. 10-24-24-01 governing issuance of fireworks permits; that I understand the ordinance's terms; and that I will conduct myself according to its terms, the conditions of this permit, and the laws of the State of Iowa. Further, as the applicant or as a duly authorized representative of the applicant on its behalf, I hereby agree to protect, defend, and hold Johnson County, and its employees and officers, harmless from any and all damages, expenses, claims, or any other liabilities that may arise or accrue by reason of the granting of this permit or the activities authorized hereunder. Signature of applicant or operator Date For office use only Date complete application received: \_\_\_\_\_ \_\_\_\_\_ Yes, application is complete No, application is not complete due to: Application fee of \$40 received (cash or check): \_\_\_\_\_Yes \_\_\_\_\_No Date targeted for Board discussion: Date targeted for Board consideration: Approved by the Johnson County Board of Supervisors:

Date of approval

Chairperson signature