



LAKE HAVASU CITY FIRE DEPARTMENT
Fire Prevention Bureau
 2330 McCulloch Blvd. N.
 Lake Havasu City, AZ 86403
 (928) 855-1141 FAX (928) 453-3312
www.lhcaz.gov



Fireworks/Special Effects Application

Permit process and time frame: In order to process your application or request for service within 72 hours from the date of submittal, all requested information and attachments must be provided. Contact Fire Administration with any questions at (928) 855-1141 or www.lhcfire@lhcaz.gov.

Display director: _____ **Phone:** _____

Sponsor: _____ **Phone:** _____

Contact person: _____ **Phone:** _____

Display location: _____

Display date: _____ **Time:** _____

Provide the following items with this application:

- List of fireworks, including number and size.
- Detailed site map with distances.
- Certificate of Insurance listing Lake Havasu City as additional insured.
- Qualifications, certifications, references.
- Lake Havasu City Special Event or Temporary Use Permit with property owner approval.
- Fireworks permit fee of \$200; above class C or above 2” shell.
- Special effects permit fee of \$100; class C or special effect.

Make checks payable to *Lake Havasu City*.

I reviewed the above information and am authorized to execute this application. This permit may be revoked at any time by a representative of the Lake Havasu City Fire Department when conditions put public safety at risk.

Signature of Applicant

Date

Clarification of Interpretation: A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the procurement of this license pursuant to A.R.S. § 9-839.

TO BE COMPLETED BY FIRE PREVENTION BUREAU

Approved by: _____	Date: _____
Comments: _____	
Permit #: _____	Fee: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Issued by: _____	Date issued: _____
Inspection scheduled: <input type="checkbox"/> Yes <input type="checkbox"/> No Date for inspection: _____	