



S.C. DEPARTMENT OF LABOR, LICENSING, AND REGULATION

Division of Fire and Life Safety

Office of State Fire Marshal

141 Monticello Trail Columbia, SC 29203

Phone 803 896-9800

Fax 803 896-9806

Motion Picture Special Effects Display Permit

Date of Request: _____ Fee: \$500.00

Note: Applications for permit must be received in the Office of State Fire Marshal fifteen (15) days prior to performance date, or application fees are automatically doubled in accordance with SCRR 71-8305.3(B).

City _____ County _____

1. Organization sponsoring special effects _____ Federal Tax ID _____

Address _____ Fax _____

Individual representing organization _____ Telephone _____

Address _____

2. Name of company supplying pyrotechnic materials _____

Fax _____

Address _____ Telephone _____

3. Special Effects Coordinators name _____ SC license

Address _____ Telephone _____

Name of assistants for the special effects display: _____

4. Date receiving pyrotechnic materials _____ Location of Magazine _____ Magazine

5. Date(s) of effects _____ Time of effects _____

6. Effects location _____ Fire dept. that will be present during display _____

7. Fire Chief's name _____ Telephone _____

Address _____ Fax _____

8. Time and date special effects site will be ready for final inspection by authorities

9. Attach a separate sheet showing diagram of special effects site(s), a list of the type, size, and number of pyrotechnic materials to be used, location and address of pyrotechnics storage, and directions to the site.

10. Attach a certificate of insurance with this permit and send to above address.

Permittee

Resident Fire Marshal (Fire Chief)



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Title

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