



CITY OF PANAMA CITY BEACH

Building and Planning Department



FIREWORKS PERMIT

Event Name: _____

Individual, Group, or Organization Sponsoring display: _____

Sponsor Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone: _____

Supplier of the fireworks: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Telephone: _____

*Evidence of financial responsibility (Bond, Insurance, Other) **must** be attached.

Proposed fireworks display Date(s): _____ Time(s): _____

Rain/Wind Date(s): _____ Time(s): _____

Exact Location of Display:

Address: _____

City: _____ State: _____ Zip Code: _____

Contact for location: _____ Telephone: _____

**If fireworks location is on the sandy beach, a Beachside Fireworks Permit Application must be completed.*

Required Attachments:

- A description of the approximate number and kinds of fireworks to be discharged
- Site Plan: A diagram of grounds on which the outdoor fireworks display is to be held showing fireworks discharging area, location of all buildings, highways and other lines of communication, the lines behind which the audience will be restrained, and the location of possible overhead obstructions
- Evidence of financial responsibility from the supplier

FOR OFFICE USE ONLY

Approved By: _____ Date: _____

(Fire Inspector or Designee Signature)