



**VIRGINIA STATE FIRE MARSHAL'S OFFICE  
APPLICATION FOR FIREWORKS DISPLAY PERMIT ON  
STATE-OWNED PROPERTY**

**ALL INFORMATION MUST BE PRINTED IN INK OR TYPEWRITTEN**

1. Applicant Name ( <i>Full Name</i> ):	2. Applicant Phone #:
3. Applicant Email Address:	4. Applicant Mobile Phone #:
5. Agency in Control of Site:	6. Business Phone #:
7. Agency Premises / Mailing Address ( <i>No., Street, City, Zip Code</i> ):	8. Fax #:
9. Location of Burn Site ( <i>Address or Description</i> ):	10. GPS Coordinates:

11. The open burning will occur (maximum of seven consecutive days):

Begin (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_      End (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Begin (time) \_\_\_\_:\_\_\_\_ am / pm      End (time) \_\_\_\_:\_\_\_\_ am / pm.

12. Operator and Assistants

<b>12.1</b> Name of the person in responsible charge of the open burning.	
Name ( <i>Full Name</i> ):	Mobile Phone#:

<b>12.2</b> Name of any Assistants to the person in responsible charge of the open burning.	
Name ( <i>Full Name</i> )	Mobile Phone#

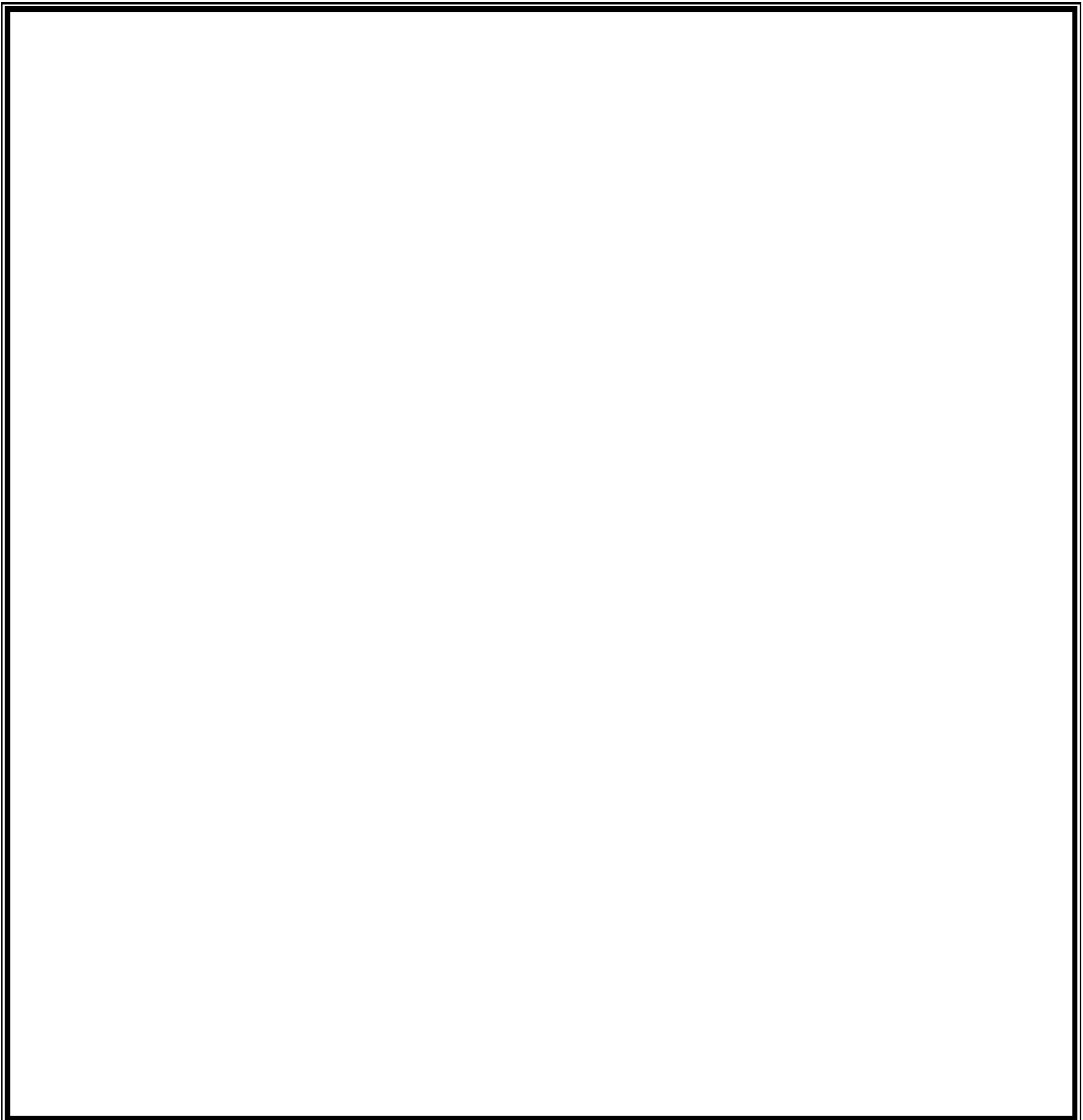
13. Describe the material to be burned and the number of piles.

14. Will an Air Curtain Incinerator (self-contained or trench) be utilized? [ ] Yes [ ] No

15. Describe the fire extinguishing method and/or equipment.

16. Attach a site diagram or use the space below to:

- a. Illustrate the burn pile(s) location with indicated distance relative to: structures, adjacent property lines, vegetation, transportation routes, utilities (above and below ground), storage tanks, or any other potential exposure hazards.
- b. Indicate the size of each pile (length, width and height).
- c. If applicable indicate the location of the Air Curtain Incinerator.



Completed application and supporting documents shall be submitted to the State Fire Marshal's Office not less than five (5) business days prior to the planned burning. Documents can be sent via E-mail to: [Statefiremarshal@vdfp.virginia.gov](mailto:Statefiremarshal@vdfp.virginia.gov)

**NOTE:** The original documents shall be mailed to and received at:

**Virginia Department of Fire Programs  
State Fire Marshal's Office - Special Operations Section  
1005 Technology Park Drive  
Glen Allen, Virginia 23059-4500**

By my signature below, I certify that the answers provided on and as part of this application are true, correct, and complete. I also certify that I am familiar with the Virginia Statewide Fire Prevention Code, Commonwealth of Virginia and Federal laws relating to open-air burning.

I acknowledge that if a permit is issued it shall be valid only at the location listed on Line 9 and for the date(s) and time(s) listed on the permit.

I acknowledge that a permit is conditional upon continued compliance with the Statewide Fire Prevention Code, Commonwealth of Virginia and Federal laws.

17. Signature of Applicant ( <i>Name on Line 1</i> ):	18. Date:
19. <input type="checkbox"/> Send permit to ( <i>Mailing Address</i> ):	
20. <input type="checkbox"/> Send permit to ( <i>E-Mail Address</i> ):	

**AN INCOMPLETE APPLICATION IS SUBJECT TO RETURN WITHOUT FURTHER PROCESSING**