



**Portland Fire & Rescue
Fire Marshal's Office
1300 SE Gideon Street
Portland, OR 97202-2419
Phone: 503.823.3712 Fax: 503.823.3925**



PERMIT APPLICATION FOR PYROTECHNIC / SPECIAL EFFECTS

**FOR: Concerts
Movies
School Plays
Theatrical Productions, etc.**

<u>FOR FIRE BUREAU USE ONLY</u>	
PERMIT # _____	AMT. SUBMITTED WITH _____
APPLICATION \$ _____	
DATE REC'D. _____	CASH / CHECK _____
# _____	
RECEIPT # _____	REC'D _____
FROM _____	
PFI _____	
# _____	_____

Submit completed form with payment and one floor plan drawn to scale for the event.

- If floor plan is larger than 11" x 17", submit two copies.
- Plans will not be reviewed without all submittal criteria.
- A **permit fee** of **\$300** is required.
 - Make check payable to "Portland City Treasurer, attn: PERMITS". Permits will be issued after payment is received and the plan review has been completed.
- Include a completed Pyrotechnics Application from the State Fire Marshal's Office.
- Provide a Certificate of Liability Insurance for a minimum of \$1,000,000, which additionally insures the City of Portland, its officers, agents and employees.

NOTE: The completed application packet must be received at least seven (7) calendar days prior to the event.
Any permit request received after deadline may be charged a **double fees**.

Name of Event or Movie: _____

Facility Name: _____ Facility Address: _____

Facility Contact: _____ Phone: _____ Fax: _____

Date(s) of Event: _____ to _____ Opening and Closing Time(s) of Event: _____ to _____

Date(s) of Special Effects _____ to _____ Time(s) Special Effects will be used: _____ to _____

Applicant _____ Phone: _____ Fax: _____

Applicant Address _____

Contact at Event: _____ Phone: _____ Fax: _____

Name of Special Effects Operator: _____ Phone: _____

Name of Asst. Operator(s): _____ Phone: _____

Thank you for your submittal. We will contact you if there are any questions regarding your permit.

Signature of Person Completing Form PRINT Name of Person Completing Form Date

Signature of Approving Inspector PRINT Name of Approving Inspector Date