



BUDA FIRE DEPARTMENT

HAYS COUNTY ESD No. 2 (EMS)

HAYS COUNTY ESD No. 8 (FIRE)

P.O. Box 1159 | 209 FM 2770 | BUDA, TX 78610

P: 512.295.2232 | F: 512.295.2848

FIREWORKS DISPLAY PERMIT APPLICATION

DATE AND TIME OF DISPLAY: _____

ALTERNATE WEATHER DATE AND TIME OF DISPLAY: _____

LOCATION INFORMATION:

Property address of the display: _____

Location on the property where the display will occur: _____

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____

Telephone: _____

HAS WRITTEN PERMISSION OF THE PROPERTY OWNER BEEN OBTAINED?: _____

(a copy of the owner's permission is to be attached to this application)

OPERATOR INFORMATION:

Name of Operator: _____

Address of Operator: _____

Telephone number: _____

Cell/mobile phone number: _____

State License Number: _____ State of Issue: _____ Expiration date: _____

I certify the above information is true and correct to the best of my knowledge and belief. I understand that any incorrect information submitted on this application will give Buda Fire Department / Hays County Emergency Services District #8 authorization to deny my permit application and retain the application fee.

I also certify that I have attached all required information. I understand that only completed applications will be accepted. I understand that all documentation including proper evidence of the required insurance coverage, permit fee, and this application must be received by the fire district no less than 10 days prior to the date of the display as stated above.

FIREWORKS DISPLAYS SHALL BE CONDUCTED IN ACCORDANCE WITH NFPA 1123 and 1124 AND SHALL CONFORM TO THE REQUIREMENTS AS SET FORTH ON PERMIT. The permit, if issued, must be posted at the display site and surrendered upon request to the representative of the Buda Fire Department / Hays County Emergency Service District #8. I further understand that no one is permitted to discharge any type or form of common fireworks at the site. The permit will not be transferable to another operator. Violation of these requirements may cause my permit privileges to be forfeited and future permits to be denied.

Permit applicant

Date of application

Application received by

Date application received

Fire Marshal's Office Use Only

Permit Issued Fee: _____ Paid / Date _____ Receipt # _____
 Denied Permit # _____

Permit Issued w/ conditions listed: _____

By: _____ Date: _____