



**SCARBOROUGH FIRE DEPARTMENT**  
 PLANNING DEPARTMENT PO BOX 360 SCARBOROUGH ME 04070-0360  
 PHONE: 207-730-4040 FAX: 207-730-4046  
 SUBMITTALS@SCARBOROUGHMAINE.ORG  
 SCARBOROUGHMAINE.ORG



**APPLICATION FOR OUTDOOR FIREWORKS DISPLAY**

**APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW**

NAME OF APPLICANT: \_\_\_\_\_ TEL: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 \_\_\_\_\_  
 COMPANY ISSUING LIABILITY INSURANCE: \_\_\_\_\_ (Signature and title of Applicant) \_\_\_\_\_  
 1. Covering Storage: \_\_\_\_\_ (name) \_\_\_\_\_ (Certificate #) \_\_\_\_\_ (limits)  
 2. Covering Display: \_\_\_\_\_ (name) \_\_\_\_\_ (Certificate #) \_\_\_\_\_ (limits)

**LICENSED TECHNICIAN INFORMATION**

NAME OF LICENSED TECHNICIAN FOR DISPLAY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_  
 \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DISPLAY SITE INFORMATION**

TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 SPECIFIC LOCATION: \_\_\_\_\_  
 DIRECTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 CONTACT PERSON WHO KNOWS WHERE THE FIRING POINT WILL BE: \_\_\_\_\_  
 TELEPHONE NUMBERS: \_\_\_\_\_  
 THE APPLICATION SHALL BE ACCOMPANIED BY AN ACCURATE AND DETAILED SITE DIAGRAM.  
 THE DIAGRAM SHALL CONTAIN THE FOLLOWING:  
 1. DIAGRAM OF THE DISCHARGE SITE.  
 2. DIAGRAM OF THE SPECTATOR VIEWING AREA.  
 3. DIAGRAM OF THE FALLOUT AREA.  
 4. DIAGRAM SHOWING ALL BUILDINGS IN THE AREA.  
 5. DIAGRAM SHALL ACCURATELY SHOW DISTANCES TO ALL AREAS INVOLVED.

**DISPLAY INFORMATION**

NAME OF PROPERTY OWNER: _____	<input type="checkbox"/> STATE FIRE MARSHAL'S PERMIT RECEIVED
CITY/TOWN: _____ STATE: _____	<input type="checkbox"/> NOTIFICATION PLAN SUBMITTED / APPROVED
DATE OF DISPLAY: _____ TIME OF DISPLAY: _____	SCARBOROUGH FIRE DEPT. RESOURCES REQUIRED
<input type="checkbox"/> PROP. OWNER'S PERMISSION GRANTED	____ hrs. PUMPERS @ \$ _____ / hr. = _____
LARGEST SHELL SIZE TO BE FIRED: _____	____ hrs. RESCUES @ \$ _____ / hr. = _____
NO. OF AERIAL SHELLS: _____	____ hrs. MANPOWER @ \$ _____ / hr. = _____
NO. OF GROUND PIECES: _____	

**↓ SCARBOROUGH FIRE DEPARTMENT USE ONLY ↓**

APPLICATION REC'D:	INSPECTED:	PERMIT FEE PAID:	APPARATUS & MANPOWER FEE PAID:	PERMIT ISSUED:	NOTES:
DATE:	DATE:	DATE:	DATE:	DATE:	
BY:	BY:	AMOUNT:	AMOUNT:	BY:	

Map/Lot: \_\_\_\_\_ Application # \_\_\_\_\_  
 Permit # \_\_\_\_\_