



# Travis County Emergency Services District No. 6 Lake Travis Fire Rescue

Fire Prevention Division  
P.O. Box 340196, Austin TX 78734  
Office: 512-266-2533 Fax: 512-266-7065  
[www.LTFR.org](http://www.LTFR.org)

**APPLICATION FOR CLASS C FIREWORKS (FIREWORKS 1.4G) SINGULAR OR MULTIPLE DISPLAY PERMIT**

**SITE INSPECTION CERTIFICATE FEE: \$50.00**

1. Name of Applicant \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Date of Display \_\_\_\_\_ Time \_\_\_\_\_  
Alternate Date of Display \_\_\_\_\_ Time \_\_\_\_\_

3. Location and/or Alternate Location for the Display \_\_\_\_\_

4. As the Fire Prevention Officer, I Approve of the Display Site: ( ) YES ( ) NO

5. I Approve of the Location and Manner of Storage of Display Fireworks before and during the Display: ( ) YES ( ) NO

6. I Approve of the Potential Landing Area for the Fireworks Debris: ( ) YES ( ) NO

7. The Display is to be conducted in compliance with the Texas Occupations Code, Chapter 2154, Regulation of Fireworks & Fireworks Displays, and 28 TAC 34.800, The Fireworks Rules. ( ) YES ( ) NO

8. My Approval is subject to the Following Conditions:  
(List Conditions if applicable, or indicate "NONE"). \_\_\_\_\_

9. As the appropriate Fire Prevention Officer, I have inspected the Display Site(s) to determine whether this Proposed Display is of a nature or in a location that may be hazardous to property or dangerous to any person.

Signature of Fire Prevention Officer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Fire Prevention Officer \_\_\_\_\_ Title \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ COMMENTS: \_\_\_\_\_