



City of Coquitlam Pyrotechnics Permit Application

Coquitlam Fire/Rescue
1300 Pinetree Way, Coquitlam, BC V3B 7S4
Fax form back to: 604-927-6418
Phone: 604-927-6400
Email: firerescue@coquitlam.ca

Office Use Only <input type="checkbox"/> City owned property <input type="checkbox"/> Permit application reviewed <input type="checkbox"/> Payment received

Instructions: If more information is required than a field allows for, please attach additional pages. Please submit a separate application for each event or location.

Date of Application: _____ **Film Permit Number:** _____
Production title: _____ **Pyrotechnics Permit Number:** _____

Contact Information

Production Company Name: _____
Address: _____ **City:** _____ **Postal Code:** _____
Phone: _____ **Fax:** _____ **Email:** _____
Location Manager: _____ **Cell Phone:** _____
Special Effects Coordinator: _____ **Cell Phone:** _____
Pyrotechnics Certification Card Number: _____

Event Details

Location of Event: _____
Date: _____ **Times:** _____

Description of Event (please attach separate Site Plan including topographical information)

It shall be the sole responsibility of the permit holder to ensure compliance with the provisions of the Fire Prevention and Life Safety Bylaw No. 3712, 2005 and amendments thereto, and any other applicable federal, provincial or municipal statutes, regulations or bylaws. A copy of this permit shall be kept with the event supervisor for the duration of the event.

Applicant's Signature
*Applicant certifies full understanding of requirements by signature here.
Print Name: _____

Fire Chief or Designate
Print Name: _____
Date of issuance: _____