



## Fire Rescue

### Board of County Commissioners

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### County Administrator

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Ramin Kouzehkanani  
Liana Lopez  
Bonnie M. Wise

### Internal Auditor

Peggy Caskey

### County Attorney

Chip Fletcher

### Fire Rescue

PO Box 1110  
Tampa, FL 33601-1110  
Phone: (813) 272-6600  
Fax: (813) 272-6692

## INFORMATION & FORMS TO BE COMPLETED FOR FIREWORKS DISPLAY

The fee for a fireworks display is \$200.00 (open air display) and \$300.00 (indoor, covered display) display, (ex. If you have a shoot (outdoor) every day for five days the cost would be \$1000.00.) Checks shall be made out to Hillsborough County Board of County Commissioners.

### Advance notice of 15 days is required. No exception.

1. Insurance
  - A. Certificate of insurance shall be for \$1,000,000.00
  - B. Hillsborough County shall be listed as addition insured and as the Certificate Holder. When listing Additional Insured and Certificate holder is should read: Hillsborough County, A political subdivision of the State of Florida.
  - C. A copy of the insurance certificate shall be included when you submit your package to the Fire Marshal's Office.
  - D. If you have any questions, please contact Laura Raistrick at (813) 744-5541 she will then contact Michael McNabb with Hillsborough County Insurance and Claims Management.
2. A copy of the license from the Department of Treasury-Bureau of Alcohol, Tobacco and Firearms User-Limited Permit (18 U.S.C. Chapter 40, Explosives).
3. Complete Forms 206, 223, and 224. Form 223 shall be completed and notarized before returning. A diagram of the display area shall be provided
4. **FIRE WATCH:**
  - A. Shall be provided by Hillsborough County Fire Rescue personnel. In the event that HCFR personnel is unavailable a private security company may be hired with the approval of the Fire Marshal's Office and AHJ (authority having jurisdiction). Once approved a copy of the contract shall be provided along with the packet.
  - B. Fire watch request forms shall be filled out and sent in with this packet. Fire watch standard rate is \$50.00 per hour. Fire watch rates are based on a 4 hour minimum. Fire watch is billed post event for accuracy. Payments shall be made out to: Hillsborough County BOCC off of the Fire Marshal, 2709 E. Hanna Ave, Tampa, FL 33610
5. Zero Fall Out

Revised 04-05-16

**HILLSBOROUGH COUNTY FIRE RESCUE  
FIRE MARSHAL'S OFFICE  
January 27, 2016**

**FIREWATCH REQUIREMENTS FOR PERMITTED PYROTECHNIC SHOOTS**

The Authority Having Jurisdiction (AHJ) shall have the authority to require standby fire personnel or an approved fire watch when potentially hazardous conditions or a reduction in a life safety feature exist due to the type of performance, display, exhibit, occupancy, contest or activity, an impairment to a fire protection feature, or the number of persons present.

Effective April 4, 2016 fire watch required for approved permitted pyrotechnic shoots shall be performed by Hillsborough County Fire Rescue personnel unless approved otherwise by the AHJ or her/his designee. In the event HCFR personnel are not available, a private security company may be used with prior approval from the AHJ or her/his designee. The private security company and personnel will be permitted to function in this capacity as long as they conform to the rules set forth in the currently adopted NFPA 601 and the following conditions:

- Each time a fire watch has been contracted you shall notify the Fire Marshal's Office.
- The private security company and their employees have read and fully understand the requirements set forth in NFPA 601.
- The private security company shall be required to provide documentation to the Fire Marshal's Office stating that the person(s) designated to perform the fire watch are eligible and fully qualified in accordance with the currently adopted NFPA 601.
- The private security employee assigned to perform the fire watch shall be a certified crowd manager with supporting documentation.
- The private security employee assigned to perform the fire watch cannot perform security duties.
- The private security company's owner/representative shall sign the required HCFR document and it shall be provided to the Fire Marshal's Office along with the signed contract for fire watch.

If the AHJ determines there has been any occasion where the private security company or their designees are not conforming to the rules set forth in the code and the conditions listed above, it will be necessary for you to cease operations and the responsibilities will then revert to the Hillsborough County Fire Marshal's Office.

If you have any questions or concerns please do not hesitate to call my office at 813-744-5541.

APPLICATION  
FOR  
FIREWORKS DISPLAY

Tampa, Florida \_\_\_\_\_ 20 \_\_\_\_\_

Name of Organization Sponsoring Display

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Name of Company or Persons in Charge of Display

---

Bonding Company Insuring Display

---

Date and Time of Display

---

Exact Location of Display

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\_\_\_\_\_  
Signature of Applicant

RETURN TO: Hillsborough County Fire Marshal's Office  
Laura Raistrick, Administrative Specialist II  
2709 E. Hanna Ave.  
Tampa, Fl. 33610  
(813) 744-5541

ENCLOSE COPY OF BOND FOR AMOUNT AS REQUIRED BY FLORIDA STATE LAW  
FP206 REV 01-25-16

INFORMATION TO BE SUBMITTED WITH APPLICATION FOR FIREWORKS DISPLAY

DATE OF DISPLAY \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

NUMBER OF PYROTECHNIC (CLASS B FIREWORKS) DEVICES, SHELLS, TO BE FIRED: (LIST BY SIZE AND NUMBER OF THE PARTICULAR SIZE)

2"/3" \_\_\_\_\_ 6" \_\_\_\_\_ 12" \_\_\_\_\_

4" \_\_\_\_\_ 8" \_\_\_\_\_

5" \_\_\_\_\_ 10" \_\_\_\_\_

Other (list) \_\_\_\_\_

NAME OF MANUFACTURER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO: \_\_\_\_\_

NAME OF SUPPLIER \_\_\_\_\_

COMPANY NAME

---

ADDRESS CITY STATE ZIP CODE PHONE NO.

PERMIT APPLICANT \_\_\_\_\_  
NAME ADDRESS PHONE NO.

ORGANIZATION SPONSORING FIREWORKS DISPLAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO: \_\_\_\_\_

APPLICANT MUST SUBMIT COPY OF CERTIFICATE OF INSURANCE WITH FIREWORKS DISPLAY APPLICATION

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

HILLSBOROUGH COUNTY FIRE PREVENTION BUREAU  
APPLICATION FOR PUBLIC FIREWORKS DISPLAY

Date and Time of Application \_\_\_\_\_ Permit No. \_\_\_\_\_  
(Applicant shall complete Lines 1 through 6)

1. Applicant: \_\_\_\_\_  
Name in full Address Telephone Number

2. Representing: \_\_\_\_\_  
Firm, Civic Association, etc...

3. Person for devising, supervising and discharging display (pyrotechnic):

A. \_\_\_\_\_  
Name Address City, State, Zip Code Telephone Number

B. State, Federal Certificate or License Number: \_\_\_\_\_

4. Fireworks Display particulars:

A. Date of pyrotechnic display \_\_\_\_\_ Day \_\_\_\_\_

B. Hours of discharge: Start \_\_\_\_\_ End \_\_\_\_\_

C. Location: \_\_\_\_\_

**Complete in detail**

D. Number and type of pyrotechnic devices to be discharged: \_\_\_\_\_  
\_\_\_\_\_

E. Source of pyrotechnic devices: \_\_\_\_\_  
Company Name

Address City, State, Zip Code Phone Number

F. Where stored (fireworks) \_\_\_\_\_

G. Maximum distance and height reached when discharged: \_\_\_\_\_  
\_\_\_\_\_

5. Detailed site plan to include: distance (ft.) to nearest building, roads, utility lines and distance from point of discharge to spectator area. (Submit on separate sheets with signature of person in charge.)

6. Names of persons/agencies to assist in spectator crowd control (Deputy Sheriff, police officers, etc...)

I hereby certify that I have read and completed this application and that all information contained therein is true and correct to the best of my knowledge. I agree to comply with all Hillsborough County Ordinances; that I am authorized by the organization named herein to act as its agent for the herein-described activity. That I, and the organization on whose behalf I make this application, by filing this application, shall represent, stipulate, contract and agree that we will jointly and severally indemnify and hold the County of Hillsborough harmless against liability, including court costs and attorney's fees, for any and all claims for damage to property, or injury to, or death, of persons arising out of or resulting from the issuance of the permit or the conduct of the activity or any of its participants.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notarized Seal

Signed \_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Name (Print or Type)

Application:            Approved (  )    Disapproved (  )

\_\_\_\_\_  
Signed



HILLSBOROUGH COUNTY FIRE RESCUE  
 FIRE MARSHAL'S OFFICE  
 (813) 744-5541  
 firemarshal@hillsboroughcounty.org

**FIRE WATCH REQUEST**

Whenever in the opinion of the Fire Chief, Fire Marshal, or his/her authorized designee, it is essential for public safety in any occupancy where an imminent danger exists, a fire watch shall be conducted by standby Hillsborough County Fire Rescue personnel as per the requirements of the 2012 edition of NFPA 1, section 1.7.15 & 1.7.16.

**Fire Watch Hours Begin 1 Hour Prior To Event Start Time**

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Event Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Bill to Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**FIRE WATCH RATES (all based on a 4 hour minimum):**

- Fire Watch standard rate is \$50.00 per hour
- Fire Watch is billed post event for accuracy.

**PAYMENTS MADE OUT TO:**

Hillsborough County BOCC Office of the Fire Marshal  
 2709 E. Hanna Ave  
 Tampa, FL 33610



HILLSBOROUGH COUNTY FIRE RESCUE  
 FIRE MARSHAL'S OFFICE  
 (813) 744-5541  
 firemarshal@hillsboroughcounty.org

August 11, 2015

**Licensed Security Companies Providing Fire Watch Services within Hillsborough County**

In the event a private security company is hired to perform a fire watch it shall be done with the approval of the Fire Marshal's Office and the AHJ (Authority Having Jurisdiction). The private security company and their personnel will be permitted to function in this capacity for any overnight fire watch in an apartment, townhome, condominium, hospital, ALF, qualifying assembly, or other like occupancy, as long as you conform to the rules set forth in the currently adopted NFPA 601 and the following conditions:

- Each time a fire watch has been contracted you shall notify the Fire Marshal's Office.
- The private security company and their employees have read and fully understand the requirements set forth in NFPA 601.
- The private security company shall be required to provide documentation to the Fire Marshal's Office stating that the person(s) designated to perform the fire watch are eligible and fully qualified in accordance with the currently adopted NFPA 601.
- The private security employee assigned to perform the fire watch shall be a certified crowd manager with supporting documentation.
- The private security employee assigned to perform the fire watch cannot perform security duties.
- The private security company's owner/representative shall sign this document and it shall be provided to the Fire Marshal's Office along with the signed contract for fire watch.

If the AHJ determines there has been any occasion where the private security company or their designees are not conforming to the rules set forth in the Code and the conditions listed above, it will be necessary for you to cease operations and the responsibilities will then revert to the Hillsborough County Fire Marshal's Office.

If you have any questions or concerns, please do not hesitate to call my office.

Sincerely,

Tammy Zurla, Fire Marshal  
 Hillsborough County Fire Rescue  
 2709 East Hanna Ave  
 Tampa, FL 33610  
 813-744-5541

Owner/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Representative Print Name: \_\_\_\_\_