

## CONNIE POWELL, JD Director

## FIREWORKS STAND PERMIT APPLICATION

TO SUBMIT APPLICATION ONLINE VISIT WWW.MYGOVERNMENTONLINE.ORG

OFFICE USE ONLY		
Permit No:	Date Requested:	
Zoning District:	Council District:	
APPLICANT INFORMATION		
Name:		
Mailing Address:		
Phone:	Email:	
PROPERTY OWNER INFORMATION (ALL owners mu	st be listed and must sign)	
Same as above? (circle one) YES / NO If NO, do you	have a Letter of Authorization or signed Contract? YES / NO	
Name:		
Business Name:		
Address:		
Phone:	Email:	
PROPERTY INFORMATION		
Address:		
Tent Size:	Sign Size:	
Parcel ID #:		
Applicant's Signature	Date	



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OFFICE USE ONLY		
Permit No:		
SUBMITTAL REQUIREMENTS		
$\square$ Completed and signed applic	cation.	
$\square$ Recorded copy of Act of Sale	, Judgment of Possessic	on, or Deed to the property.
☐ Proof of Insurance.		
☐ Fire Marshal Approval.		
☐ Copy of Current Occupation	al License (Sales Tax Offi	ce).
☐ Tent site plan.	100	
☐ Payment of fees; payable by	credit card, check or m	oney order to: "St. John Parish Council".
FEE SUMMARY		
1. Base	\$100.00	
2. Technology Fee	\$ 10.00	
3. Zoning Inspection Fee	\$ 50.00	
property. Any action of the Parish in this man	tter does not: (1) imply that the app	any portion of land in this application, or any restrictive covenants or restrictions placed on said plicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or other t may be on said property are enforceable or are not enforceable.
NOTE: Within sixty (60) days of submissio agrees and understand that all permit fees are n		nents, this application will become null and void. By signature of this application, the applicant
NOTE: All fees will be doubled for all after-th	he-fact permits and when information	n provided on an application is falsified. All fees are non-refundable.
Applicant's Signature		Date