

**TARA LAMBETH**PHD, AICP, CFM
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 must 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 #:		
Detailed Description of Proposed Work:		
Applicant's Signature	Date	



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OFFICE USE ONLY		
Permit No:		
SUBMITTAL REQUIREMENTS		
☐ Completed and signed application	ation.	
☐ Recorded copy of Act of Sale,		ion, or Deed to the property.
☐ Proof of Insurance.		
$\square$ Fire Marshal Approval.		
$\square$ Copy of Current Occupational	License (Sales Tax Of	fice).
$\square$ Tent site plan.		
$\square$ Payment of fees; payable by $\alpha$	credit card, check or n	noney order to: "St. John Parish Council".
FFF CLIBARA A DV		
FEE SUMMARY	¢100.00	
1. Base	\$100.00 \$ 10.00	
<ol> <li>Technology Fee</li> <li>Zoning Inspection Fee</li> </ol>	\$ 50.00	
5. Zorning mispection ree	Ş 30.00	
property. Any action of the Parish in this matte	er does not: (1) imply that the a	of any portion of land in this application, or any restrictive covenants or restrictions placed on sa pplicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or oth
restrictions on said property, or (3) that any restr	ictive covenants or restrictions th	at may be on said property are enforceable or are not enforceable.
		ements, this application will become null and void. By signature of this application, the applica
agrees and understand that all permit fees are not	ı-refundable.	
Applicant/o Cinatura		- Data
Applicant's Signature		Date