



City of Santa Barbara, Fire Department  
Fire Prevention Bureau  
925 Chapala Street  
Santa Barbara, CA 93101  
(805) 564-5702 or (805) 965-5254 (805) 564-5715 (fax)  
Submit by mail, fax or E-Mail: [JPoire@SantaBarbaraCA.Gov](mailto:JPoire@SantaBarbaraCA.Gov)

### SPECIAL EFFECTS PERMIT APPLICATION

#### APPLICANT

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bus. Phone \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### PRODUCTION COMPANY

Co. Name \_\_\_\_\_ Production Name \_\_\_\_\_  
Primary City Location \_\_\_\_\_  
Location Manager \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

#### PYROTECHNIC PERSONNEL

Pyrotechnic Operator in Charge \_\_\_\_\_ Cell Phone \_\_\_\_\_  
SFM License # \_\_\_\_\_ Class \_\_\_\_\_ Bus Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

Pyrotechnic Assistant \_\_\_\_\_ Cell Phone \_\_\_\_\_  
License # \_\_\_\_\_ Class \_\_\_\_\_  
Email \_\_\_\_\_

Pyrotechnic Assistant \_\_\_\_\_ Cell Phone \_\_\_\_\_  
License # \_\_\_\_\_ Class \_\_\_\_\_ Email \_\_\_\_\_

FX Location #1: \_\_\_\_\_

Scene / FX Description: (attach site plan if necessary and additional pages as needed):  
\_\_\_\_\_  
\_\_\_\_\_

FX Location #2: \_\_\_\_\_

Scene / FX Description:  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Acknowledgement: \_\_\_\_\_

#### MATERIALS

Squibs Y \_\_\_\_\_ N \_\_\_\_\_ Type \_\_\_\_\_  
Black Powder (amt) \_\_\_\_\_ Other Powder \_\_\_\_\_  
Flammable Liquids type/gallons \_\_\_\_\_  
Flammable Gasses type/amt \_\_\_\_\_  
Prima Cord/Ft \_\_\_\_\_ Lifters \_\_\_\_\_  
Storage Magazine \_\_\_\_\_ Day Box \_\_\_\_\_ Premade \_\_\_\_\_ Mixed on Location \_\_\_\_\_  
Other Materials/FX \_\_\_\_\_

FD Review \_\_\_\_\_ Proof of insurance \_\_\_\_\_ FSO \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ Comments \_\_\_\_\_