

Columbus County

EMERGENCY SERVICES

TELEPHONE
910-640-6610



TELEFAX
910-640-1241

SPECIAL USE PERMIT APPLICATION

Date: _____

Name of Applicant: _____

Mailing Address: _____

Name & Title of Person Making Application: _____

Telephone Number(s): _____

Date(s) Requested for Permit: _____

Application for Special Use Permit is being made for the following:

(Specify the event and/or purpose for issuance of a Special Use Permit)

Please indicate the type of Special Use Permit applying for: (Please check only one)

- | | |
|---|--|
| <input type="checkbox"/> Fireworks for Public Display | <input type="checkbox"/> Tents or Air Supported Structures |
| <input type="checkbox"/> Fireworks -7 Day Temporary | <input type="checkbox"/> Insecticide Fogging or Fumes |
| <input type="checkbox"/> Fireworks -14 Day Temporary | <input type="checkbox"/> Temporary Kiosks or Displays |
| <input type="checkbox"/> Fireworks -30 Day Temporary | <input type="checkbox"/> Special Assemblies & Shows |
| <input type="checkbox"/> Blasting Permit (48 Hour) | <input type="checkbox"/> Blasting Permit (90 Day) |
| <input type="checkbox"/> Other (Specify) _____ | |

These answers have been given to the best of my ability and knowledge. I hereby understand that any answers deliberately falsified or misrepresented may be justification for revocation of the Special Use Permit.

Signature

Title

Date