



## **SEDGWICK COUNTY, KANSAS FIRE DISTRICT #1**

**Fire Chief Gary E. Curmode**

**Fire Marshal  
Tavis D. Leake**

**Deputy Chief of Operations  
Rick A. Brazill**

**7750 N. WILD WEST DR \* PARK CITY, KANSAS 67147 \* TELEPHONE: (316) 660-3473 \* FAX: (316) 660-3474**

### **APPLICATION FOR ON-SITE STORAGE OF EXPLOSIVE MATERIALS INSTRUCTIONS**

Storage permit applications must be completed and presented to the Sedgwick County Fire Department 14 days before delivery of any explosive materials

Sedgwick County Fire Department will notify all other emergency agencies of locations of the stored explosives.

1. Name of applicant: as implied
2. Application date: as implied
3. Applicant home address: as implied (can not be a post office box, RR Box #)
4. Telephone number: as implied
5. Business name (if any): other than an individual, organization or business name for which the permit is being requested
6. Type of storage requested: as implied (payment of permit fee must be included with the application)
7. Total number of storage units/buildings: as implied
8. City of explosive storage: as implied
9. Address of storage: exact address that would allow someone, not familiar with the area, to find the address.
10. Describe exact location of storage: describe how to find storage at the above address, this is especially needed for large sites, i.e. shopping centers or row of stores.(must be a minimum of 100 feet from any combustible structure)
11. Contact Person for emergencies: as implied ( person must have 24 hr access to storage unit/building)
12. Applicant Signature: as implied (sign ONLY after reading and understanding stated information)
13. Received by: Fire Department to complete
14. Inspected by: Fire Department to complete

Sedgwick County Fire Department  
 7750 N. Wild West Dr.  
 Park City, Kansas 67147  
 316.660.3473  
 316.660.3474 fax

<b>APPLICATION FOR ON-SITE STORAGE OF EXPLOSIVE MATERIALS</b> (Permit shall be posted on site for review)	
1. Name of Applicant	2. Application Date
3. Applicant home Address	4. Telephone Number (include area code) Business ( ) Home ( ) Cell ( )
5. Business Name (if any)	
6. Type of Storage requested: Fire works sales (temporary storage) not to exceed 15 calendar days      ( \$20.00 per unit) Outdoor storage unit - permanent on site storage                                      (\$150.00 per unit) Building - permanent on site storage    (\$200.00 per unit)	
7. Total number of storage units/buildings to be permitted:	
8. City of explosive storage	9. Address of Storage
10. Describe EXACT location of storage unit at the storage site: (must be a minimum of 100 feet any combustible structure)	
11. Contact Person(s) for emergencies with access to storage unit: Name _____ 24 hr. phone number  Name _____ 24 hr. phone number  Name _____ 24 hr. phone number	
12. I certify the above information is true and correct to the best of my knowledge and belief. I understand that any incorrect information submitted on this application will give the Sedgwick County Fire Department authorization to deny my application and retain the permit fee.  After verification of the application and an on site inspection of the property where the explosive storage will be located, a permit maybe issued. This permit is not transferable to another applicant or site and it shall be visually posted at the site and surrendered upon request to the representative of the Sedgwick County Fire Department. I further understand that no one is permitted to discharge any type or form of common fireworks and that in doing so may result in the permit being forfeited and that I maybe denied a future permit at this location.  Applicant Signature: _____	
13. Following information to be completed by the Sedgwick County Fire Department: Received by: _____ Date received: _____	
14. Following information to be completed by the Sedgwick County Fire Department: Inspected by: _____ Date Inspected: _____	