



CITY OF HERCULANEUM

1 PARKWOOD COURT
HERCULANEUM, MISSOURI 63048
BUSINESS: 636.475.4447 – FAX: 636.475.6191
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FIREWORKS PERMIT

Date: _____

Permit #: _____

Applicant: _____

Address: _____

Phone: _____

Location of Service: _____

Remarks: Must meet all Herculaneum Municipal Codes

See attached specifications in reference to tent location

No Parking with 10' of Fireworks Stand

No Fireworks discharged within 100'

ALL CONTRACTORS & SUB-CONTRACTORS MUST BE LICENSED THROUGH THE CITY OF HERCULANEUM

Estimated Cost: _____

Permit Fee: _____

INSPECTION APPROVALS:
1. Tent Inspection

A 24 HOUR NOTICE MUST BE GIVEN TO SCHEDULE FOR INSPECTIONS

Applicant Signature: _____
(Signature) (Print Name)

Building Code Official: _____