



**City of Harrisburg
Planning Services**
301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**FIREWORKS
DISPLAY PERMIT
APPLICATION**

Applicant name: _____ Date: _____

Applicant address: _____

Applicant e-mail address: _____ Phone: _____

Address or legal description of display location: _____

Date and time of display: _____

Planned duration of display: _____ minutes

Name and address of person in charge of the fireworks display:

Phone #: _____

I hereby certify that the above information is accurate and correct, that I am authorized to submit this Application, and that I will comply with the provisions of Chapter 5.05 of the Harrisburg Codified Ordinances and SDCL 34-37-13. I understand that the fireworks display, if approved, must be completed by 11:00 p.m.

Applicant's signature

FOR CITY USE ONLY

Date received: _____ Date reviewed: _____

Date Fireworks Display Permit issued: _____