



LIMITED 1.4G FIREWORKS **DISPLAY PERMIT APPLICATION** **CHECKLIST**

This checklist has been provided to assist in completing your application. It is not an all-inclusive list; it is to bring attention to the areas that are frequently overlooked.

1. Complete the application form.
 - a. Do not use “Same”, “same as before” or “same as above”.
2. Include fee of \$100 via - check, money order, cashier’s check made payable to Oregon State Fire Marshal.
3. Please include your email address for quicker permit response.
4. See OAR 837-012-0700 through 837-012-0845 and 837-012-0021 for complete requirements.
5. A separate application must be submitted for each display.
6. Application must be postmarked **15 days prior to your event**.
7. If sending overnight, please verify with your mail carrier if they will deliver to a P.O. Box.
8. Mail the completed package to **the PO Box listed** on the application.
 - Completed Application
 - Payment
 - Map
 - Must be postmarked at least 15 days prior to your event date.
 - **Oregon State Fire Marshal**
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395



LIMITED 1.4G FIREWORKS DISPLAY PERMIT APPLICATION

OREGON STATE FIRE MARSHAL

PAYMENT AND APPLICATIONS MAILED ONLY TO:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395

Checks, Money Orders and Cashier's Checks must be made payable to:
Oregon State Fire Marshal

CONTACT INFORMATION:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
Phone: 971-375-3558
Fax: 503-373-1825
Email: OSFM.LP@OSFM.Oregon.gov

Important: COMPLETED APPLICATION AND \$100 FEE MUST BE POSTMARKED 15 DAYS PRIOR TO THE DATE OF THE PROPOSED DISPLAY. See OAR 837-012-0700 through 837-012-0845 and 837-012-0021 for complete requirements. A separate application must be submitted for each display. If sending overnight, please verify with your mail carrier if they will deliver to a P.O. Box.

For more information, please visit our website at <https://www.oregon.gov/osfm/education/pages/fireworks.aspx>

All sections must be completed. Do not use the word "SAME".

APPLICANT SPONSOR NAME YoungLife's Washington Family Ranch

ADDRESS 1 Muddy Rd Antelope OR 97001
Street Address City State Zip Code

BUSINESS PHONE #. 541-489-3100 HOME PHONE #. FAX #. 541-306-6639 E-MAIL wfr@wfr.younglife.org

NAME OF PERSON COMPLETING APPLICATION Nathan Huff Nathan Huff
Signature Printed

ADDRESS 1 Muddy Rd Antelope OR 97001
Street Address City State Zip Code

BUSINESS PHONE #. 541-489-3100 HOME PHONE #. FAX #. 541-306-6639 E-MAIL nhuff@wfr.younglife.org

DATE OF DISPLAY July 27, 2025 TIME OF DISPLAY 10:30pm

DISPLAY ADDRESS 1 Muddy Rd Antelope OR 97001
Street Address City State Zip Code

LIMITED FIREWORKS

Type of Fireworks	Carton Quantity	Type of Fireworks	Carton Quantity	Type of Fireworks	Carton Quantity
Mortars & Shells	5	Mortars: 12 inch long HDPE DR 11			
Large Night Displays	5	Shells: 1.75 inch			

NAME OF WHOLESALER: Western Fireworks Inc.

OPERATOR AND ASSISTANT INFORMATION

DISPLAY OPERATOR

NAME Nathan Huff PHONE 541-489-3100 AGE 34

ADDRESS 1 Muddy Rd Antelope OR 97001
Street Address City State Zip Code

CERTIFICATION NO. 1356

OPERATOR ASSISTANT (Minimum of one assistant is required for each display)

NAME Nathan Wright PHONE 541-489-3100 AGE 26
ADDRESS 1 Muddy Rd Antelope OR 97001
Street Address City State Zip Code

COMPLETE A DETAILED MAP OF THE DISPLAY SITE SHOWING THE FOLLOWING:

1. **Fall-Out Area:** the area over which aerial shells are fired. The shells burst over this area, and unsafe debris and malfunctioning aerial shells fall into this area. The fall-out area is the location where a typical aerial shell dud will fall to the ground considering wind and the angle of mortar placement. At a minimum, the fall-out area shall be the required separation distance based on the table of distances as required in OAR 837-12-850.
2. **Discharge Site:** the area immediately surrounding the area where fireworks are ignited for an outdoor display. Include all dimensions of the discharge site.
3. **Display Site:** the immediate area where a fireworks display is conducted and shall include the discharge site, the fallout area, and the required separation distance from the fireworks discharge site to spectator viewing areas. The display site does not include spectator viewing areas or vehicle parking areas.
4. **Distance:** from point of discharge to spectators, overhead obstructions, buildings, highways, parking areas. Show distances in feet.



Display Site:

- Spectators 1: 364 ft
- Spectators 2: 379 ft
- Spectators 3: 629 ft
- Swing Shed: 280 ft
- Zip Line Sheds: 349 ft & 413 ft
- Service Road E: 155 ft
- Service Road N: 416 ft

Discharge Site:

- 60'L x 30'W
- 20ft from Zip Lines to furthest edge of site

FIREWORKS DISPLAY SITE SIGNATURES

FIRE AUTHORITY AND LAW ENFORCEMENT SIGNATURES FOR DISPLAY SITE

Fire Authority
Dept. Name Wasco County Board of Commissioners
Address 404 E, 3rd Street, Ste. 200
The Dalles, Oregon 979058
City State Zip Code
Phone# 541-506-2520 FAX# _____
E-Mail Christinenc@co.wasco.or.us
Authorized Signature [Signature]
Print Name Scott C. Hege, Board Chair
Site Inspection Conducted ☒ Yes ☐ No Date May 7, 2025
Inspector Signature [Signature]

Law Enforcement
Dept. Name Wasco County S.O.
Address 511 Washington St Suite 102
The Dalles OR 97058
City State Zip Code
Phone# 541-506-2580 FAX# _____
E-Mail lamm@co.wasco.or.us
Authorized Signature [Signature]
Print Name Gen Mag. II
Site Inspection Conducted ☐ Yes ☒ No Date _____
Inspector Signature _____

COMMENTS: _____

FIREWORKS STORAGE SITE INFORMATION AND SIGNATURES

FIREWORKS STORAGE ADDRESS PRIOR TO THE DISPLAY

1 Muddy Rd Antelope OR 97001
Street Address City State Zip Code
Storage Facility Magazine Type IV List all Dates Fireworks will be at Storage Address June 15 - Aug 2, 2025

NOTE: If fireworks are delivered direct to the display site, indicate the date they will be delivered June 15, 2025

FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION

Dept. Name _____
Address _____
Street or PO Box City State Zip Code
Phone# _____ FAX# _____ E-Mail _____
Authorized Signature _____ Print Name _____
Site Inspection Conducted ☐ Yes ☐ No Date _____ Inspector Signature _____

COMMENTS: _____