



# Fireworks Application

Attached you will find an application for a Fireworks Discharge Permit. This application must be completed and returned to Central Permitting prior to issuance of the permit. **Please allow seven to ten business days for processing.** There is a \$100.00 permit fee assessed per discharge event. **Permit fees shall be paid prior to issuance of permits.** If you have any questions, please feel free to contact us.

## **Items required for permit issuance:**

- All blanks must be completed on the application.
- Permit holder is required to obtain liability insurance in an amount sufficient to cover the claims of any person(s) who may be injured or otherwise damaged as a result of the display. The insurance must name Harnett County as an additional insured and a copy of the Certificate of Insurance evidencing the coverage must accompany the application.
  - ***Amounts will be determined by event***
- A detailed site plan indicating the discharge and storage locations as well as distance.
- Manufacturer's technical data sheet of each type of pyrotechnic to be discharged.

## **Application Index**

- Section I: Information on the person, group, corporation, association, or entity sponsoring, holding, or primarily responsible for the event
- Section II: Information on the pyrotechnician
- Section III: Information on the actual display
- Section IV: Public safety information. (Name of fire district where the discharge will take place, address of the nearest fire station, and name and address of the nearest medical facility)
- Section V: Notarization of the application. (**APPLICATION SIGNATURES MUST BE NOTARIZED**)
- Section VI: Fire Department Comments. (Must be completed by the chief of the local fire department representing the district where the discharge will take place)
- Section VII: For Harnett County Fire Marshal use only
- Section VIII: Fireworks Permit Number.

**THE COMPLETED FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF PYROTECHNICS**



I.

***This application must be submitted no later than seven to ten working days prior to the event to ensure permit processing.***

APPLICANT INFORMATION:

Note: The applicant is the person, group, corporation, association, or other entity sponsoring, holding or primarily responsible for the event or enterprise for which this permit is requested.

*Please type or print*

Applicant: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_, NC \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

President or CEO (for corporate applications): \_\_\_\_\_

Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: Yes \_\_\_\_\_ No \_\_\_\_\_

If covered, specify the source, amount, and coverage period of the insurance:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Coverage Period: \_\_\_\_\_



**II.**

**PYROTECHNICIAN INFORMATION:**

Note: This is to be completed by the individual who will shoot and/or discharge the fireworks or pyrotechnics.

Technician Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_, NC \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Bureau of Alcohol, Tobacco and Firearms permit/license type and number: \_\_\_\_\_

Pyrotechnicians' training and experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the technician insured with respect to the discharge of fireworks/pyrotechnics: Yes \_\_\_\_\_ No \_\_\_\_\_

If covered, specify the source, amount, and coverage period of the insurance:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Coverage Period: \_\_\_\_\_



**III.**

**DISPLAY INFORMATION:**

**Who provided this information:** Applicant: \_\_\_\_\_ Technician: \_\_\_\_\_ Both: \_\_\_\_\_

**Type of display event:** Carnival: \_\_\_\_\_ Exhibition: \_\_\_\_\_ Fair: \_\_\_\_\_

Public Celebration: \_\_\_\_\_ Other: \_\_\_\_\_

**Proposed date and time of the event:** \_\_\_\_\_ a.m. / p.m.

**Proposed location or site:** \_\_\_\_\_

**Type and quantity of fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:**

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**Estimated duration of the display:** \_\_\_\_\_

**Specify any safety precautions to be taken:**

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**IV.**

**PUBLIC SAFETY INFORMATION:**

The display will occur within the following fire district: \_\_\_\_\_

Location of the nearest fire station: \_\_\_\_\_

Nearest medical facility:

Name: \_\_\_\_\_ Location: \_\_\_\_\_



V.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of the County and State aforesaid, do hereby certify that \_\_\_\_\_ signed and sworn to before me this day.

Witness my hand and official stamp, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

[SEAL]



**VI.**

**FIRE DEPARTMENT COMMENTS:**

Note: To be completed by local fire department representing the district in which the discharge will take place.

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Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII.**

**FOR OFFICE USE ONLY:**

**Fire Marshal's Office Comments:**

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Final Approval:            Approved: \_\_\_\_\_            Denied: \_\_\_\_\_

**Conditional approval and/or special conditions:**

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Fire Marshal's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII.**

Fireworks Permit Number: \_\_\_\_\_