



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 thirty (30) calendar days for processing and Board of Commissioner approval.** 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 the County of Harnett as an additional insured with a minimum amount of one million dollars (\$1,000,000). A copy of the Certificate of Insurance evidencing the coverage must accompany the application.
- 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

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|---------------|---|
| 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.

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:

Estimated duration of the display: _____

Specify any safety precautions to be taken:



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.
FOR OFFICE USE ONLY:

Fire Marshal's Office Comments:

Fire Marshal's Office Comments:

Fire Marshal's Office Recommendation:

Approve:

Deny:

Fire Marshal's Office Signature: _____ Date: _____

Board of Commissioner's Comments:

Final Board Approval:

Approved:

Denied:

Board of Commissioner's Signature: _____ Date: _____

Board of Commissioner's Representative (Printed Name): _____

VII.

Fireworks Permit Number: _____