



## Fire Marshal Division

### *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 FIVE (7 -10) WORKING DAYS FOR PROCESSING.** There is a 25.00 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 PRIOR TO PERMIT ISSUANCE:

1. All blanks must be completed on the application.
2. The 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** )
3. Include a detailed site plan indicating the discharge and storage locations and distance.
4. Include the manufacturer's technical data sheet of each type of pyrotechnics to be discharged.

#### SECTION EXPLANATION:

- 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 location of the nearest medical facility.)
- Section V: Notarization of the application. (APPLICATION SIGNATURES MUST BE NOTARIZED.)
- Section VI: Fire Department Comments. (This 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 FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF THE PYROTECHNICS.**



**Section I**

**IMPORTANT: THIS APPLICATION MUST BE RETURNED NO LATER THAN FIVE  
(5) WORKING DAYS PRIOR TO EVENT TO ENSURE PERMIT PROCESSING.**

PLEASE TYPE OR PRINT

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.)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ home

Address: \_\_\_\_\_ work

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

For a corporate applicant, indicate the name and address of the registered agent for service of process:

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

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

\_\_\_\_\_

President or

CEO: \_\_\_\_\_

Indicate whether the applicant is or will be 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: \_\_\_\_\_



**Section II**

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ home

Address: \_\_\_\_\_ work

\_\_\_\_\_

Bureau of Alcohol, Tobacco and Firearms permit/license type and no.: \_\_\_\_\_

Specify Pyrotechnicians' training and experience:

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

Indicate whether the technician is or will be 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: \_\_\_\_\_



**Section III**

DISPLAY INFORMATION: ( Note: Indicate who provided this information:)

Applicant: \_\_\_\_\_ Technician: \_\_\_\_\_ Both: \_\_\_\_\_

Indicate the type of display event:

Carnival: \_\_\_\_\_ Exhibition: \_\_\_\_\_ Fair: \_\_\_\_\_

Public Celebration: \_\_\_\_\_ Other: \_\_\_\_\_ Proposed day and time of the event:

Day: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

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

Specify the type and quantity of the fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:

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Estimated duration of the display:

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Specify any safety precautions to be taken:

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**Section IV**

**PUBLIC SAFETY INFORMATION:**

The display will occur within the following fire district:

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

Name and location of the nearest medical facility:

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



**Section V**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section VI**

**FOR OFFICE USE ONLY**

FIRE MARSHAL COMMENTS: \_\_\_\_\_

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FINAL APPROVAL: APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

Conditional approval and/or special conditions: \_\_\_\_\_

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Fire (Deputy) Marshal Signature: \_\_\_\_\_

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

**Section VII**

Fireworks Permit No. \_\_\_\_\_