



# 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 \$150.00 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**

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.





<u>l.</u>

<u>APPLICANT INFORMATION:</u>
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:	()
	ations):
	to the discharge of fireworks/pyrotechnics: YesNo
	nt, and coverage period of the insurance:
Source:	Amount: \$
Coverage Period:	





# <u>II.</u>

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

Billing Address:					
		, NC			C
Contact Email:					
Contact Phone:	(	)	<del>-</del>	(	)
Bureau of Alcohol, Tobacco	and Firearms per	mit/licens	e type and nun	nber:	
Pyrotechnicians' training and	d experience:				
ls the technician insured with					
If covered, specify the source	e, amount, and co	overage p	cilou oi tile ilis	urance.	





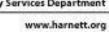


<u>III.</u>

DISPLAY INFORMATION:				
Who provided this information:	Applicant:	Technician:	Both:	<del></del>
Type of display event:	Carnival:	Exhibition:	Fair:	
	Public Celebration	on: Other: _		
Proposed date and time of the eve	ent:			a.m. / p.m.
Proposed location or site:				
Alternate date and time of the eve	nt:			a.m. / p.m.
(Above Alternate date and time wi	II only be used if the	event is cancelled due to inc	lement weather in I	ieu of secondary
date approval and processing)				
Type and quantity of fireworks/py	rotechnics to be used	d and the sequence of the dis	scharge/shooting:	
Estimated duration of the display:				
Specify any safety precautions to	be taken:			







# IV.

PURI	IC SA	FFTY	INFO	RMAT	LION:

<u> </u>	
The display will occur within the following fire dis	strict:
Location of the nearest fire station:	
Nearest medical facility:	
Name:	Location:







www.harnett.org

<u>V.</u>		
Applicant Printed Name:		
Applicant Signature:		
Date:		
STATE OF NORTH CAROLINA		
COUNTY OF		
l,	_, a Notary Public o	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
M. Oranaissian Familia		Notally Fublic
My Commission Expires:		
[SEAL]		





# <u>VI.</u> FOR OFFICE USE ONLY:

Fire Chief'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 (Print	ed Name):		
VIII			
VII.			
Fireworks Permit Number:			