



Fire Marshal Division

August 22, 2018

Tom Thompson
East Coast Pyrotechnics
PO Box 209
Catawba, SC 29704

**Re: Application Number: FNFW 1808-0006
Campbell University Football Game Fireworks**

Mr. Thompson,

Thank you for submitting the fireworks application to our office. I have reviewed the submittal package and approved the request based on the information provided. The following notes are provided for your information.

- This is a blanket application for the following requested dates. A separate permit will be issued on each event date.
 - August 30, 2018 at 7:00pm
 - September 22, 2018 at 6:00pm
 - September 29, 2018 at 6:00pm
 - October 6, 2018 at 2:00pm
 - October 27, 2018 at 4:00pm
 - November 17, 2018 at 2:00pm

- All firework displays shall comply with the following:
Section 3308 NCSFC
NFPA 1123 and/or NFPA 1126

- A representative from the Fire Marshal's office will inspect and issue the required permits prior to the display. Please schedule an inspection with this office prior to each game.

If I can be of further assistance please do not hesitate to contact me. We look forward to working with you and your staff.

Sincerely,



Roger Sullivan
Deputy Fire Marshal



Plan Review, Inspection, and Permit Fees

Application Number : FNFW 1808-0006

\$100.00	<input type="checkbox"/>	DRB Major Sub Division Prelim Site Plans	\$	-
\$200.00	<input type="checkbox"/>	Explosive Material (90 Days)	\$	-
\$100.00	<input type="checkbox"/>	Explosive Materials (72 Hours)	\$	-
\$100.00	<input checked="" type="checkbox"/>	Fireworks Public Display	\$	600.00
\$50.00	<input type="checkbox"/>	Final Inspection	\$	-
\$35.00 + \$2.00 per device	<input type="checkbox"/>	Fire Alarm Testing	\$	-
\$35.00 + \$2.00 per nozzle	<input type="checkbox"/>	Fixed Fire Suppression	\$	-
\$75.00	<input type="checkbox"/>	Insecticide Fog/Fumigation	\$	-
\$100.00	<input type="checkbox"/>	Pipe Test/UST/AGST	\$	-
\$50.00	<input type="checkbox"/>	Plans up to 5000 sq ft	\$	-
\$100.00	<input type="checkbox"/>	Plans 5001 sq ft to 10,000 sq ft	\$	-
\$150.00	<input type="checkbox"/>	Plans 10,001 sq ft to 25,000 sq ft	\$	-
\$250.00	<input type="checkbox"/>	Plans 25,001 sq ft and over	\$	-
\$35.00 + 2.00 per head	<input type="checkbox"/>	Sprinkler Certification Test	\$	-
\$50.00	<input type="checkbox"/>	Standpipe Testing	\$	-
\$50.00	<input type="checkbox"/>	Special Assembly (ie. amusement buildings, carnivals, fairs)	\$	-
\$75.00	<input type="checkbox"/>	Tents/Canopies/Air Supported Structure	\$	-
\$100.00	<input type="checkbox"/>	Tank Installation (charge for each tank)		
\$100.00	<input type="checkbox"/>	Tank Removal (charge for each tank)	\$	-
		Total Devices/Heads	\$	-
		Total Cost	\$	600.00

Code Enforcement Official Roger Sullivan

8/22/2018



Fire Marshal Division

FIREWORKS APPLICATION

Reviewed For Code Compliance By:
Roger Sullivan
Deputy Fire Marshal
08/23/2018 9:14:02 AM

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: East Coast Pyrotechnics Telephone: 803-789-5733 home
Address: P O Box 209 803-789-5733 work
Catawba, SC 29704

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

Name: Joel Matthews / joel@eastcoastpyro.com

Address: P.O. Box 209

Catawba, SC 29704

President or

CEO: Tom Thompson

Indicate whether the applicant is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES XX NO _____

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

Source: Britton-Gallagher & Assoc Amount: \$ 5,000,000.00

Coverage

Period: 3/30/18 to 3/30/19



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: Rodney Eason Telephone: (910) 237-2298 home

Address: 694 Miller Road (910) 237-2298 work

Benson, NC 27504

Bureau of Alcohol, Tobacco and Firearms permit/license type and no.: 1-SC-091-51-9E-00223

Specify Pyrotechnicians' training and experience:

NC Licensed Operator #3025, over 8 years experience. Past displays

Campbell University and NC State University

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES XX NO _____

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

Source: Britton-Gallagher & Assoc Amount: \$ 5,000,000.00

Coverage

Period: 3/30/18 to 3/30/19



Section III

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

Applicant: XX Technician: _____ Both: _____

Indicate the type of display event:

Carnival: _____ Exhibition: _____ Fair: _____

Public Celebration: _____ Other: XX Proposed day and time of the event:

Day: 8/30, 9/22, 9/29, 10/6, 10/27 & 11/17/2018 Time: various - see below AM / PM

Proposed location or site: Campbell University / Baker-Lane Stadium(see attached)

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

(48) 30mm x 50 foot "Close Proximity" Mines

(4) 15 second x 20 foot "Close Proximity" Stage Fountains

Start Times:

8/30 @ 7:00pm, 9/22 @ 6:00pm, 9/29 @ 6:00pm

10/6 @ 2:00pm, 10/27 @ 4:00pm, 11/17 @ 2:00pm



Harnett
COUNTY
NORTH CAROLINA



Emergency Services Department

www.harnett.org

Estimated duration of the display:

15 to 30 seconds

Specify any safety precautions to be taken:

**Follow all NFPA 1126 , State of North Carolina and Harnett County
guide lines.**

Section IV

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district:

Buies Creek

Location of the nearest fire station: Buies Creek VFD, 112 Marshbanks St

Name and location of the nearest medical facility:

Name: Central Harnett Hospital Location: Lillington, NC



Section V

FIRE DEPARTMENT COMMENTS: (Note: To be completed by local fire department representing the district in which the discharge will take place.)

Recommendation:

Approve: _____

Disapprove: _____

Chief's Signature: _____

Date: ____/____/____

Section VI

FOR OFFICE USE ONLY

FIRE MARSHAL COMMENTS: _____

FINAL APPROVAL: APPROVED: _____ DISAPPROVED: _____

Conditional approval and/or special conditions: _____

Fire (Deputy) Marshal Signature: _____

Date: ____/____/____

Section VII

Fireworks Permit No. _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/2/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 E-MAIL ADDRESS:	FAX (A/C, No)
	INSURER(S) AFFORDING COVERAGE	
INSURED East Coast Pyrotechnics Inc. P. O. Box 209 Catawba SC 29704	INSURER A: Maxum Indemnity Company	NAIC # 26743
	INSURER B: Riverport Insurance Co.	
	INSURER C: Everest Indemnity Insurance Co.	10851
	INSURER D: Everest Denali Insurance Company	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 560203264

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		S18ML00005-181	3/30/2018	3/30/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		S18CA00005-181	3/30/2018	3/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		EXC6020405	3/30/2018	3/30/2019	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SCARP304378	9/30/2017	9/30/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER USL&H Endt E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

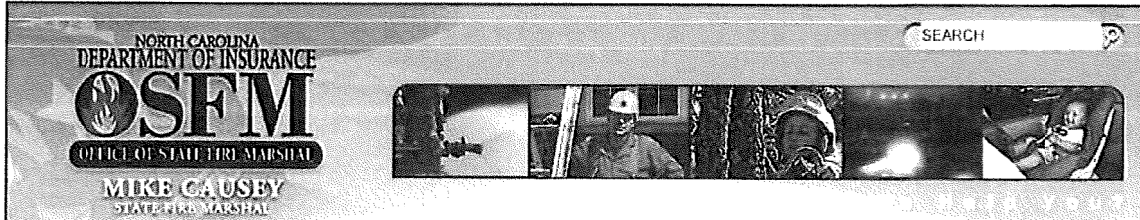
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
FIREWORKS DISPLAY DATES: AUGUST 30, 2018 SEPTEMBER 22, 29, 2018; OCTOBER 6, 27, 2018; NOVEMBER 17, 2018
ADDITIONAL INSURED: 1)CAMPBELL UNIVERSITY INCORPORATED, 2)HARNETT COUNTY

CERTIFICATE HOLDER**CANCELLATION**

CAMPBELL UNIVERSITY INCORPORATED PO BOX 97 BUIS CREEK NC 27506	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Fire Safety Programs

- PYROTECHNIC LICENSE INFORMATION
- CONTACTS
- STATE PROPERTY PERMITS
- ONLINE LOGIN PYROTECHNIC LICENSE APPLY/RENEW
- 1.3g PYROTECHNIC LICENSES
- 1.4g PYROTECHNIC LICENSES
- PROXIMATE AUDIENCE LICENSES
- PYROTECHNIC INSTRUCTORS/DELIVERY AGENCIES
- MUNICIPAL EMPLOYEE
- CODE OFFICIALS
- PYROTECHNIC EVENT EMPLOYEE
- SPONSOR, VENUE AND PRODUCTION MANAGEMENT

FIRE SAFETY PROGRAMS » PYROTECHNIC LICENSE INFORMATION

Pyrotechnic License Information

Current Pyrotechnic License Holders

Select License Type of Interest

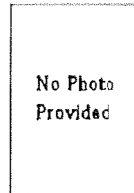
- | License Type | License Level |
|---|---|
| <input checked="" type="radio"/> Pyrotechnic 1.3G | <input checked="" type="radio"/> Operator |
| <input type="radio"/> Pyrotechnic 1.4G | <input type="radio"/> Assistant |
| <input type="radio"/> Proximate Audience | |

Get License Holder Information

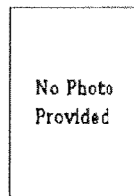
Pyrotechnic License Number Driver's License Number

3025

Holder's Full Name: Rodney Todd Eason
 Business Name: East Coast Pyrotechnics, Inc.
 Government ID By: North Carolina
 Government ID Type: Driver License
 ID Number: ***0921



License Number: 3025
 License Type: Proximate Audience
 License Level: Operator
 License Status: Valid
 Expiration Date: 05/03/2019



License Number: 1250
 License Type: 1.3G Pyrotechnic
 License Level: Operator
 License Status: Valid
 Expiration Date: 04/30/2019

Get a list of license holders by Last Name or Business/Employer

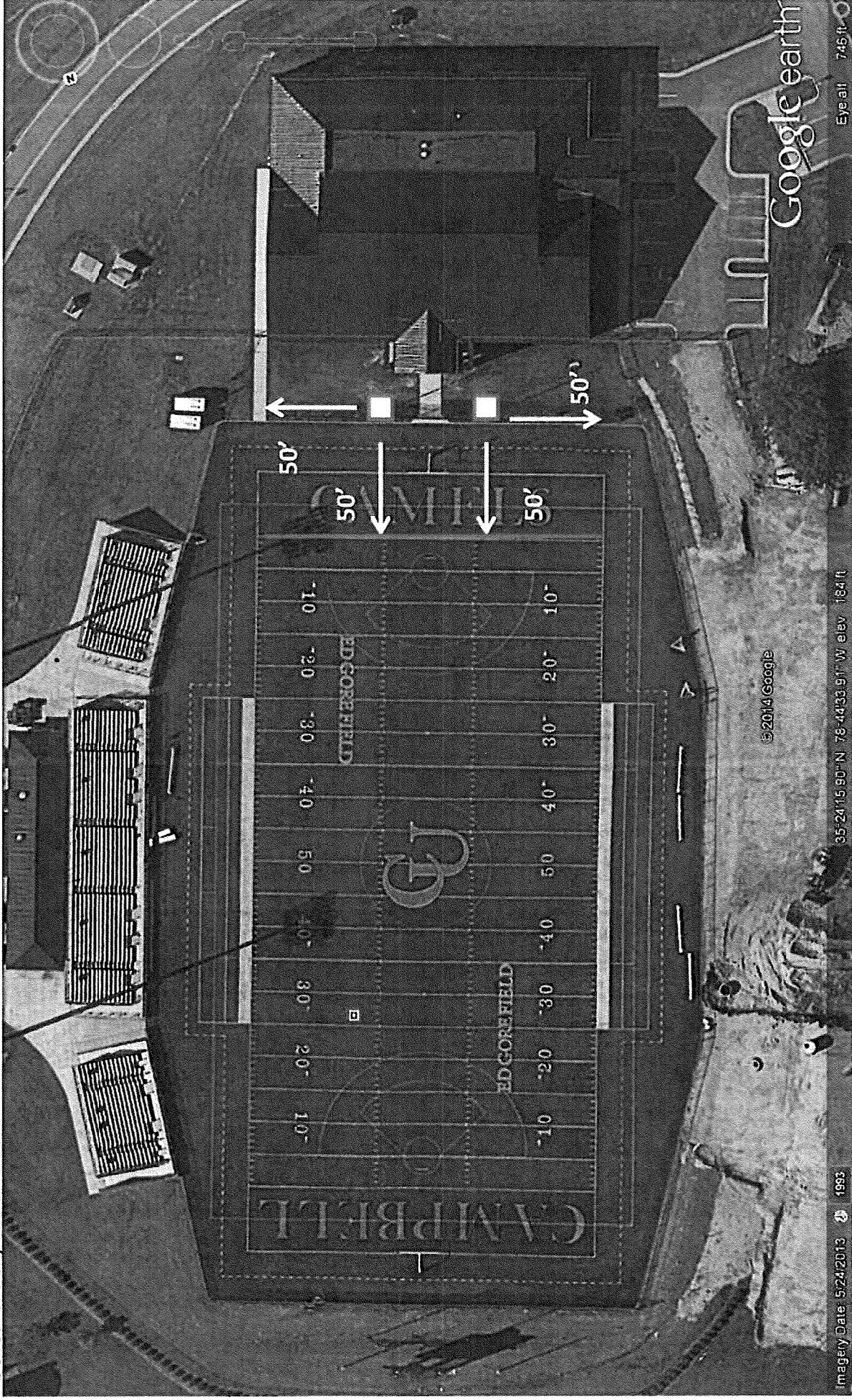
Last Name

Business/Employer

Barker-Lane Stadium
60 Wade Stewart Road
Buies Creek, NC 27546

Campbell University Pre-Game Football

Close Proximity



Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

18 USC 856(a)(1) - (4) (b) (1) - (3) (c) (1) - (3) (d) (1) - (3)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FELC 244 Needy Road Martinsburg, WV 25405-9431	License Permit Number	1-SC-091-51-9E-00223
Chief, Federal Explosives Licensing Center (FELC)	<i>Christopher R. Reers</i>	Expiration Date	May 1, 2019

Name
EAST COAST PYROTECHNICS INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

**4652 CATAWBA RIVER ROAD
CATAWBA, SC 29704-**

Type of License or Permit

51-IMPORTER OF EXPLOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

EAST COAST PYROTECHNICS INC
PO BOX 209
CATAWBA, SC 29704-

Tom Thompson
Licensee/Permittee Responsible Person Signature
Tom Thompson
Printed Name
Pres
Position Title
6-3-16
Date

ATF Form 5400 14/5400 15 Part I
Revised October 2011

Previous Edition is Obsolete EAST COAST PYROTECHNICS INC-4652 CATAWBA RIVER ROAD 29704-1 SC 091-51 9E 00223-May 1, 2019-51-IMPORTER OF EXPLOSIVE

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)
244 Needy Road
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352
Fax Number: (304) 616-4401
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card	
License/Permit Name: EAST COAST PYROTECHNICS INC	
Business Name:	
License/Permit Number: 1-SC-091-51-9E-00223	
License/Permit Type: 51-IMPORTER OF EXPLOSIVES	
Expiration:	May 1, 2019
Please Note: Not Valid for the Sale or Other Disposition of Explosives.	