



FMFW 1808-0006

## 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: 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



Estimated duration of the display:

15 to 30 seconds

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Specify any safety precautions to be taken:

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

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**Section IV**

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district:

**Buies Creek**

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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.)

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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. \_\_\_\_\_



# 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).

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

**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		SI8ML00005-181	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 - COMP/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		SI8CA00005-181	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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/>	SCARP304378	9/30/2017	9/30/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER 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**

CAMPBELL UNIVERSITY INCORPORATED  
PO BOX 97  
BUIS CREEK NC 27506

**CANCELLATION**

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

**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



