

#### Fire Marshal Division

August 22, 2018

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

**Re:** Application Number: FNFW 1809-0005

**Campbell University Football Game Fireworks** 

9-28-2018

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.

- 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,

D. Banks Wallace

Chief Deputy Fire Marshal

D. Bands Walleve



### **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.









Emergency Services Department

www.harnett.com

 Section I	
 SCOTION 1	

# IMPORTANT: THIS APPLICATION <u>MUST</u> BE RETURNED <u>NO LATER</u> THAN FIVE (5) WORKING DAYS PRIOR TO EVENT TO ENSURE PERMIT PROCESSING.

#### PLEASE TYPE OR PRINT

<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.)

for which this pe	ermit is requested.)	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
Name:	East Coast Pyrotechnics	Telephone:	803-789-5733 <sub>home</sub>
Address:	P O Box 209	803-789-5733 <sub>work</sub>	
	Catawba, SC 29704		
service of proc Name:	e applicant, indicate the name and ess:  Joel Matthews / joel@eastcoastpyro.com  P.O. Box 209	d address of the r	egistered agent for
Address:			<del></del>
	Catawba, SC 29704		
President or			
CEO:	Tom Thompson	1000000	
Indicate wheth	er the applicant is or will be ins	ared with respect	to the discharge of
fireworks/pyro	technics: YES XX NO		
	cify the source, amount, and connection of the source, and the source of the source		
Coverage			
Period: 3/30/	18 to 3/30/19		





	Sect	tion II	
<u>PYROTE</u>	CHNICS TECHNICIAN INFORM	MATION: (Note: Thi	s is to be completed by
	lual who will shoot and/or dischar An Denning	- are pro- area - arrest transmitted in the contract of the co	oyrotechnics.) (910) 890-0651 home
	n, NC 27546		(910) 890-0651 work
	Alcohol, Tobacco and Firearms p		id no.: 1-SC-091-51-9E-00223
	protechnicians' training and exper nsed Operator #1158, over		nce. Past displays
Campb	ell University and NC Stat	e University	
fireworks/	Thether the technician is or will be pyrotechnics: YES XXN, specify the source, amount, and	40	
Source:	Britton-Gallagher & Asso	Amount: \$	5,000,000.00
Coverage	3/30/18 to 3/30/19		
Period:	3/30/10 10 3/30/18		





Section III					
DISPLAY INFORMATION: ( Note:  Applicant: XX Technician:  Indicate the type of display event:	Indicate who provided this information:)  Both:				
Carnival: Exhibition:	Fair:				
Public Celebration:Oth	er: XX Proposed day and time of the event:				
<sub>Day:</sub> 9/2818	<sub>Time:</sub> approx: 9:30 <sub>AM / PM</sub>				
	University / Eakes Athletics Complex (see attached)				
	ireworks/pyrotechnics to be used and the sequence				
of the discharge/shooting: 2 - 25 Shot - 2" Calibe	r Multi-Shot Device				
25 Shot - 2.5" Caliber	Multi-Shot Device				
100 - 3" Caliber Shells					
80 - 4" Caliber shells					
60 - 3" Caliber Finale S	Shells				









Emergency Services Department

www.harnett.org

Estimated duration of the display:
12 to 15 minutes
Specify any safety precautions to be taken:
Follow all NFPA 1123, State of North Carolina and Harnett County
guide lines.
C 4. TV
Section IV
DUDY TO GA FETTY INTEODA (ATTION).
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









cy Services Department

# 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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_ Chief's Signature: 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.



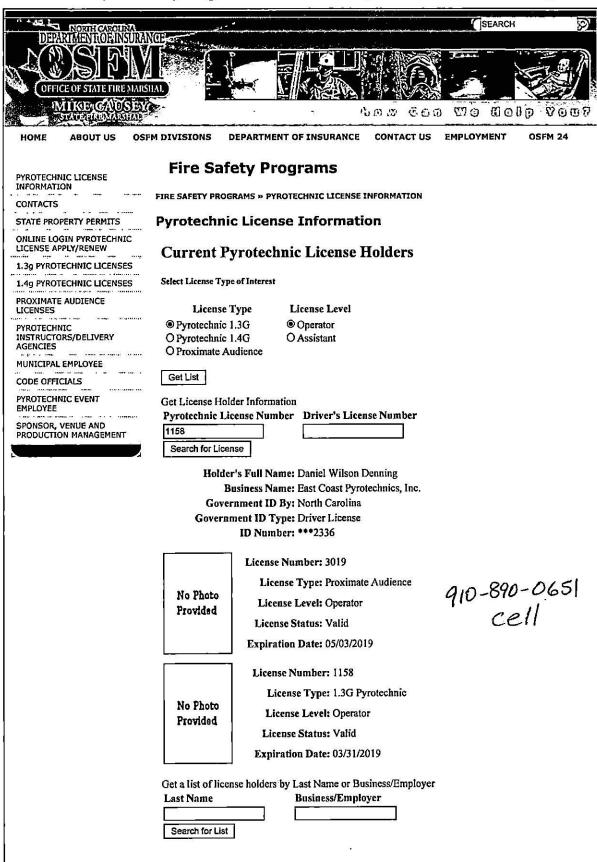
## CERTIFICATE OF LIABILITY INSURANCE

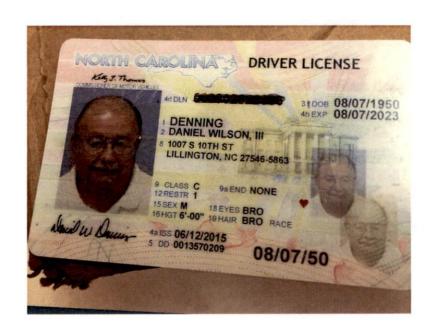
DATE (MM/DD/YYYY) 9/18/2018

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, cell	tain p	olicies may require an er	ndorse	ment. A stat	ement on th	ls certificate does not cor	nfer rights	to the
PRODUCER				CONTACT				
Britton Gallagher One Cleveland Center, Floor 30			NAME: PHONE (A/G. No.): (A/G. No.): (A/G. No.): (A/G. No.):					
1375 East 9th Street			E-MAIL ADDRE	SS:				
Cleveland OH 44114			_	INS	URER(S) AFFOR	IDING COVERAGE		NAIC #
			INSURE	RA:Maxum	Indemnity C	ompany	2674	3
INSURED			INSURER B:Riverport Insurance Co.					
East Coast Pyrotechnics Inc.			INSURER C: Everest Indemnity Insurance Co. 10851				<u>i1</u>	
P. O. Box 209 Catawba SC 29704		Ĩ	INSURER D: Everest Denali Insurance Company					
Calawba SC 29704			INSURER E:					
		INSURER		NSURER F:				
COVERAGES CERTIF	CATE	NUMBER: 992943744			8	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.					H THIS			
	SUBR				POLICY EXP (MM/DD/YYYY)	LIMITS		
C GENERAL LIABILITY Y	1	SI8ML00005-181		3/30/2018	3/30/2019	EACH OCCURRENCE \$	1,000,000	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000	-
CLAIMS-MADE X OCCUR						MED EXP (Any one person) S		
							1,000,000	
							2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							2,000,000	
POLICY X PRO- LOC	-		0.70	\$ 100 to 40	0.000000	COMBINED SINGLE LIMIT	50	
D AUTOMOBILE LIABILITY Y		SI8CA00005-181		3/30/2018	3/30/2019		1,000,000	
X ANY AUTO SCHEDULED						BODILY INJURY (Per person) \$	60	-
AUTOS AUTOS	E					BODILY INJURY (Per accident) S		
X HIRED AUTOS X NON-OWNED AUTOS		·				PROPERTY DAMAGE (Per accident)		
	<u> </u>					S		
A UMBRELLA LIAB X OCCUR Y	ř	EXC6020405		3/30/2018	3/30/2019	M F/ )	4,000,000	-
X EXCESS LIAB CLAIMS-MADE	ĺ.			]	8	AGGREGATE \$	4,000,000	
DED RETENTIONS						S WC STATUL OTHER	92	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		SCARP304378		9/30/2018	9/30/2019	X WC STATU- TORY LIMITS OTH- ER	USL&H End	t
I ANY PROPRIETOR/PARTNER/EXECUTIVE CTT I	N/A	k.					1,000,000	
(Mandatory in NH)	i.					E.L. DISEASE - EA EMPLOYEE S		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT   \$	1,000,000	
							20	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	A STATE OF THE PARTY OF THE PAR			A STATE OF THE STA			<b></b>	e
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement. FIREWORKS DISPLAY DATE: SEPTEMBER 28, 2018 ADDITIONAL INSURED: 1)CAMPBELL UNIVERSITY INCORPORATED 2)HARNETT COUNTY								
CERTIFICATE HOLDER CA				ELLATION				
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.					
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			3895~					





Maximum Caliber: 4-inch

