



## 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.**



**Harnett**  
**COUNTY**  
 NORTH CAROLINA



Emergency Services Department

www.harnett.org

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



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**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: DAn Denning Telephone: (910) 890-0651 home  
 Address: 1007 South 10th Street (910) 890-0651 work  
Lillington, NC 27546

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 #1158, over 25 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



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**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: 9/2818 Time: approx: 9:30 AM / PM

Proposed location or site: Campbell University / Eakes Athletics Complex (see attached)

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

2 - 25 Shot - 2" Caliber Multi-Shot Device

25 Shot - 2.5" Caliber Multi-Shot Device

100 - 3" Caliber Shells

80 - 4" Caliber shells

60 - 3" Caliber Finale Shells



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Estimated duration of the display:

**12 to 15 minutes**

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Specify any safety precautions to be taken:

**Follow all NFPA 1123 , State of North Carolina and Harnett County  
 guide lines.**

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<b>Section IV</b>
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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

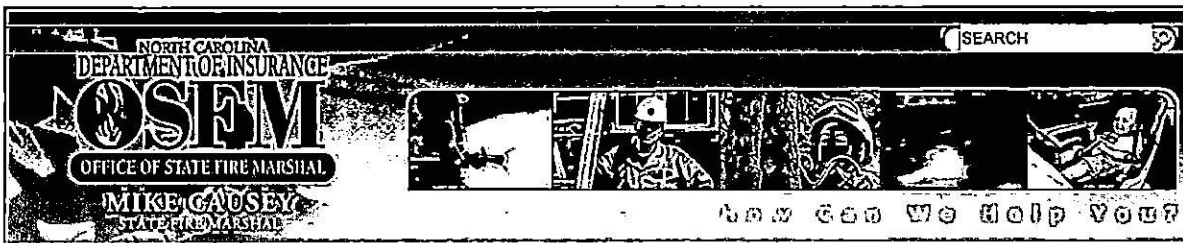
Conditional approval and/or special conditions: \_\_\_\_\_  
\_\_\_\_\_

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

**Section VII**

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





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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

1158

Holder's Full Name: Daniel Wilson Denning  
 Business Name: East Coast Pyrotechnics, Inc.  
 Government ID By: North Carolina  
 Government ID Type: Driver License  
 ID Number: \*\*\*2336



License Number: 3019  
 License Type: Proximate Audience  
 License Level: Operator  
 License Status: Valid  
 Expiration Date: 05/03/2019

910-890-0651  
cell



License Number: 1158  
 License Type: 1.3G Pyrotechnic  
 License Level: Operator  
 License Status: Valid  
 Expiration Date: 03/31/2019

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

Last Name

Business/Employer



NORTH CAROLINA DRIVER LICENSE

Kathy J. Thomas

COMMISSIONER OF MOTOR VEHICLES



4d DLN ~~XXXXXXXXXX~~

3 DOB 08/07/1950

4b EXP 08/07/2023

1 DENNING  
2 DANIEL WILSON, III  
8 1007 S 10TH ST  
LILLINGTON, NC 27546-5863

9 CLASS C 9a END NONE

12 RESTR 1  
15 SEX M 18 EYES BRO  
16 HGT 6'-00" 19 HAIR BRO RACE

*Daniel W. Wilson*

4a ISS 06/12/2015  
5 DD 0013570209

08/07/50

Eakes Athletics Complex  
Eakes Drive  
Buies Creek, NC 27546

# Campbell University Parents Weekend

Maximum Caliber: 4-inch

