



Emergency Services Department

www.harnett.org

# Application for Plan Review

## HARNETT COUNTY EMERGENCY SERVICES REVIEWED FOR CODE COMPLIANCE

Application # 18-50044204

Date Received: 5-31-19

Received By: Bark

CODE COMPLIANCE OFFICER DATE

Name of Project:

Town of Lillington 2018 Fireworks

Physical Address of Project:

311 E Duncan St.

Lillington

NC 27546

Plans Submitted By:

Project Phone:

( ) - -

Contact Person/Address:

Dan Denning

Contact Email:

DanWDenning@Earthlink.net

Contact Phone:

(910) 890-0651

Contractor's Name/Info:

East Coast Pyrotechnics

PO Box 209

Catawba, SC 29704

Contractor's Phone:

( ) - -

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://htweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.



## 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 \$100.00 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.

**THE COMPLETED FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF PYROTECHNICS**



**I.**

**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.

Please type or print

Applicant: EAST COAST PYROTECHNICS, INC.

Billing Address: P.O. Box 209

CATAWBA, SC, ~~NC~~ 29704

Contact Person: DAN DENNING

Contact Email: DANWDENNING@EARTHLINK.NET

Contact Phone: (910) 890-0651 ( ) - -

President or CEO (for corporate applications): TOM THOMPSON

Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: Yes  No

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

Source: CISER. ATTACHED Amount: \$ 5,000,000

Coverage Period: 3-30-19 - 3-30-20





II.

PYROTECHNICIAN INFORMATION:

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

Technician Name: DAN DENNING  
Billing Address: P.O. Box 503  
LILLINGTON, NC 27546  
Contact Email: DANW.DENNING@EARTHUPK.NET  
Contact Phone: 910-890-0651 ( ) - -  
Bureau of Alcohol, Tobacco and Firearms permit/license type and number: NC #1158

Pyrotechnicians' training and experience:

40 PLUS YEARS - OVER 500 SHOWS

Is the technician insured with respect to the discharge of fireworks/pyrotechnics: Yes  No

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

Source: CERT. ATTACHED Amount: \$ 5,000,000

Coverage Period: 3-30-19 — 3-30-20



III.

DISPLAY INFORMATION:

Who provided this information: Applicant: \_\_\_\_\_ Technician: \_\_\_\_\_ Both:

Type of display event: Carnival: \_\_\_\_\_ Exhibition: \_\_\_\_\_ Fair: \_\_\_\_\_

Public Celebration:  Other: \_\_\_\_\_

Proposed date and time of the event: 7-4-19 6:00 PM + AFTER a.m. / p.m.

Proposed location or site: OLD PUBLIC WORKS SITE ON EAST DUNCAN ST.

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

CLOSE PROX ON PARK FOR SKYDIVER  
Shows -

3", 4", 5", 6" SHELLS FOR MAIN SHOW

APPROXIMATELY 800 SHELLS

Estimated duration of the display: 20 MINUTES

Specify any safety precautions to be taken:

AREA ENCLOSED BY CHAIN LINK FENCE  
FIRE WATCH BY LVFD + OTHERS  
AT LVFD DISCRETION



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: LILLINGTON

Location of the nearest fire station: 1 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON





V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 5-31-19

STATE OF NORTH CAROLINA

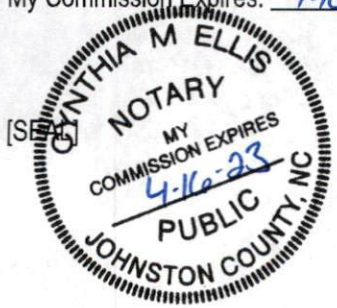
COUNTY OF Harnett

I, Cynthia M Ellis, a Notary Public of the County and State aforesaid, do hereby certify that Dan Denning signed and sworn to before me this day.

Witness my hand and official stamp, this the 31 day of May, 2019

Cynthia M Ellis  
Notary Public

My Commission Expires: 4-16-23





**VI.**  
**FOR OFFICE USE ONLY:**

**Fire Marshal's Office Comments:**

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**Fire Chief's Comments:**

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**Final Approval:**

**Approved:**

**Denied:**

**Fire Marshal's Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VII.**

**Fireworks Permit Number:** \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/26/2019

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 E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> East Coast Pyrotechnics Inc. P. O. Box 209 Catawba SC 29704	INSURER A :Maxum Indemnity Company	NAIC # 26743
	INSURER B :Everest Indemnity Insurance Co.	10851
	INSURER C :Everest Denali Insurance Company	
	INSURER D :Riverport Insurance Company	
	INSURER E :	
INSURER F :		

### COVERAGES

CERTIFICATE NUMBER: 1865662719

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.

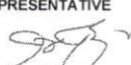
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SI8ML00005-191	3/30/2019	3/30/2020	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
								\$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SI8CA00005-191	3/30/2019	3/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>			EXC6020405	3/30/2019	3/30/2020	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
								\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	SCARP304378 (MASTER)	9/30/2018	9/30/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							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: JULY 4, 2019  
ADDITIONAL INSURED: 1) TOWN OF LILLINGTON 2) COUNTY OF HARNETT 3) STAFFORD LAND COMPANY, INC EMPLOYEE PROFIT SHARING PLAN & TRUST

### CERTIFICATE HOLDER

### CANCELLATION

TOWN OF LILLINGTON PO BOX 296 LILLINGTON NC 27546	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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Town of Lillington  
East Duncan Street  
Lillington, NC 27546

# Lillington - NC

Maximum Caliber: 6-Inch

