

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.





<u>l.</u>

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 PYROTECHICS				
Billing Address:	P.O. Box 209				
	CATAWBA SC 29704				
Contact Person:	DAN DENHING				
Contact Email:	DANW DENNING @EARTHLINK . HET				
Contact Phone:	(910)-890-0651				
President or CEO (for corporate applications):					
Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: YesNo					
If covered, specify the source, amount, and coverage period of the insurance:					
Source: CECT	ATTACHES Amount: \$				
Coverage Period:					







<u>II.</u>

PYROTECHNICIAN INFORMATION:

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

Technician Name:	Chris PRINCE				
Billing Address:					
	, NC				
Contact Email:	Chris @STATECONTRACTING NET				
Contact Phone:	(919)-227-9417 ()				
Bureau of Alcohol, Tobacco and Firearms permit/license type and number: 1-50-0033					
Pyrotechnicians' training and experience:					
20 PLUS YEARS					
NC LIC# 1927					
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: CGET A	TTACHTP Amount: \$				





<u>III.</u>

DISPLAY INFORMATION:						
Who provided this information:	Applicant: _	V	_ Technician:	Both:		
Type of display event:	Carnival:		Exhibition:	Fair:		
	Public Celeb	oration:	Other:			
Proposed date and time of the event: July 5, 2020 9:15 a.m. (p.m)						
Proposed location or site: ALUDGES ON CREEK BOUFCLUB, DRIVING RANGE						
Alternate date and time of the event: 1046, 2020 9:15 a.m. 6.m.						
(Above Alternate date and time will	only be used if	the event is	s cancelled due to incl	ement weather in lieu of secondary		
date approval and processing)						
Type and quantity of fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:						
3", 4", 5" Shous						
Box	ITEMS	ŝ				
			125 Wh	ISPERIUS PINES DR. GLAKE, NC 28390		
			SPRING	LAKE, 10 28390		
Estimated duration of the display: _	20	Mini				
Specify any safety precautions to b	e taken:					
SPOHSUR WILL	L DEC	VIDE	CROWD	COHTRIA		
OF SPECTA	TOR A	REA	AT CL	ob House -		
ž**						





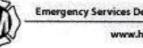
IV.

PUBLIC SAFETY INFORMATION:				
The display will occur within the following fire district: ANDESON CREEK				
Location of the nearest fire station: 3,5 MILES				
Nearest medical facility: Name: CEHTRAL JARNET Location: LILLINGTON				
Name: LEMTRIKE HIKHET Location: LICCINGTON				









<u>V.</u>
Applicant Printed Name: DAN DEHILING
Applicant Signature: Den Den
Date: 05/21/2020
STATE OF NORTH CAROLINA
COUNTY OF Havnett
I, Cynthia H Clack, a Notary Public of the County and State aforesaid, do hereby certify that Duning signed and sworn to before me this day.
signed and sworn to before the this day.
Witness my hand and official stamp, this the 215 day of
My Commission Expires: 04.21.2024 Count. So.

[SEAL]









VI. FOR OFFICE USE ONLY:					
Fire Chief's Office Comments:					
Fire Marshal's Office Comments:					
	,				
Fire Marshal's Office Recommendation:	Approve:	Deny:			
Fire Marshal's Office Signature:					
Board of Commissioner's Comments:					
Final Board Approval:	Approved:	Denied:			
Board of Commissioner's Signature:		Date:			
Board of Commissioner's Representative (Printed Name):					
<u>VII.</u>					
Fireworks Permit Number:					