



## 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  
Billing Address: P.O. Box 209  
CATAWBA SC 29704  
NC  
Contact Person: DAN DENHIGS  
Contact Email: DANW.DENHIGS@EARTHLINK.NET  
Contact Phone: (910)-890-0651 ( ) - -

President or CEO (for corporate applications): \_\_\_\_\_

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: CERT ATTACHED Amount: \$ \_\_\_\_\_

Coverage Period: \_\_\_\_\_



II.

PYROTECHNICIAN INFORMATION:

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

Technician Name: LEE DENNING

Billing Address: P.O. Box 126  
LILLINGTON, NC 27566

Contact Email: ldenning@live.com

Contact Phone: 910-914-7152 ( ) - -

Bureau of Alcohol, Tobacco and Firearms permit/license type and number: 1-SC-00223

Pyrotechnicians' training and experience:  
NE LIC # 1159  
18 YEARS ON THIS SHOW AND DOZENS  
OF OTHERS

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: \$ \_\_\_\_\_

Coverage Period: \_\_\_\_\_



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: ~~July 4, 2020~~ <sup>Nov. 11, 2020</sup> ~~9:15~~ <sup>7:00</sup> a.m. (p.m.)

Proposed location or site: CHAMBER FIELD, LILLINGDON PARK

Alternate date and time of the event: ~~July 5, 2020~~ ~~9:15 a.m.~~ <sup>Nov. 12, 2020</sup> <sup>7:00</sup> p.m.

(Above Alternate date and time will only be used if the event is cancelled due to inclement 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" AERIAL SHELS & BOY ITEMS

NOTE: 5" IS THE MAX SIZE THIS YEAR.

Estimated duration of the display: 22 MINUTES

Specify any safety precautions to be taken:  
SITE IS INSIDE FENCED AREA -  
CROWD CONTROL HANDLED BY PARK STAFF,  
LVFD, & LAW ENFORCEMENT



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: LILLINGTON

Location of the nearest fire station: 1/2 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON



V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 11-6-2020

STATE OF NORTH CAROLINA

COUNTY OF Harnett

I, Amanda Griffis, 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 6 day of 11, 2020.

Amanda Griffis

Notary Public

My Commission Expires: 2-12-2025





**VI.**

**FOR OFFICE USE ONLY:**

**Fire Chief's Office Comments:**

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**Fire Marshal's Office Comments:**

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**Fire Marshal's Office Recommendation:**

Approve:

Deny:

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

**Board of Commissioner's Comments:**

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**Final Board Approval:**

Approved:

Denied:

**Board of Commissioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Commissioner's Representative (Printed Name):** \_\_\_\_\_

**VII.**

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

Town of Lillington  
307 S 1st St  
Lillington, NC 27546

Lillington - NC

Maximum Caliber: 5-Inch





May 21, 2020

To Whom it May Concern,

Re: Manufacturer's TDS for Pyrotechnics

AS requested by the permit application this information was provided in detail by digital format to Banks Wallace with the Harnett County Fire Marshal's office. The PDFs were sent for the following manufacturers;

Glorious

Sunny

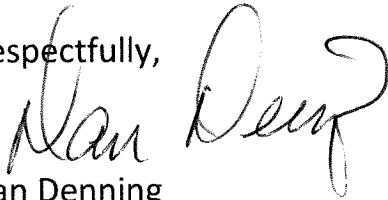
Yung Feng

Melrose

Vulcan

This list will cover any product used in shows in Harnett County by East Coast Pyrotechnics during 2020.

Respectfully,

A handwritten signature in black ink that reads "Dan Denning". The signature is written in a cursive style with a large, looping initial "D".

Dan Denning

East Coast Pyrotechnics



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/24/2020

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	<b>INSURER A :</b> Everest Indemnity Insurance Co. <span style="float:right">NAIC # 10851</span>	
	<b>INSURER B :</b> Everest Denali Insurance Company	
	<b>INSURER C :</b> Liberty Mutual Insurance Co <span style="float:right">25035</span>	
	<b>INSURER D :</b> Axis Surplus Ins Company <span style="float:right">26620</span>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 578142096 **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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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	Y		SI8ML00005-201	3/30/2020	3/30/2021	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 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		SI8CA00005-201	3/30/2020	3/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		P-001-000269928-01	3/30/2020	3/30/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	<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	N/A	WC5-39S-727027-020	9/30/2020	9/30/2021	<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: November 11, 2020  
ADDITIONAL INSURED: 1) TOWN OF LILLINGTON 2)COUNTY OF HARNETT

<b>CERTIFICATE HOLDER</b>  TOWN OF LILLINGTON PO BOX 296 LILLINGTON NC 27546	<b>CANCELLATION</b>  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  



DEPARTMENT OF JUSTICE

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

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Martinsburg, WV 25405

November 3, 2020

East Coast Pyrotechnics Inc.  
P.O. Box 209  
Catawba, SC 29704

901090:SCS/SCC  
5400  
File Number: 1-SC-00223

Premises Address: 4652 Catawba River Road, Catawba, SC 29704

Dear Sir/Madam:

This letter acknowledges receipt of your timely application to renew your Federal explosives license/permit 1SC00223.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is not able to process your application prior to the expiration date of your license/permit. However, Federal law allows you to continue operations under your current license/permit until such time as ATF completes processing your application. See 5 U.S.C. § 558. This letter, or as explained below, a follow-up letter, will serve as your license/permit until we complete action on your renewal. It is referred to as a Letter of Authorization (LOA).

Since we have not completed processing your application, you may supply a copy of this letter to other licensees/permittees, e.g., your distributors, for the next six months (or until we complete action on your renewal, if that occurs in less than six months) as evidence of your licensed/permitted status. If we have not completed processing your application for renewal within six months of the date of this letter, we will send you another letter, which will also be valid for six months (or until we complete action on your renewal, if that occurs in less than six months). This is of course contingent upon your remaining entitled to continue operations under your current license/permit.

Please direct questions or concerns regarding this letter to Sandy Curtis at 304-616-4406.

Sincerely,

Shawn Stevens  
Acting Chief, Federal Explosives Licensing Center

ATF web address: [www.atf.gov](http://www.atf.gov)