



## 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 \$150.00 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. ( <b>APPLICATION SIGNATURES MUST BE NOTARIZED</b> )  |
| 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 PYRO, INC

Billing Address: P.O. Box 209

CATAWBA, SC 29704

Contact Person: DAN DENNING

Contact Email: DAN@EASTCOASTPYRO.COM

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

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: CHRIS PRICE

Billing Address: 4707 OLD STAGE ROAD N.  
ANGIER, NC 27501

Contact Email: CHRIS@STATECONTRACTING.NET

Contact Phone: (919)-227-9417 ( ) - -

Bureau of Alcohol, Tobacco and Firearms permit/license type and number: 1-SC-091-51-9E-00223

Pyrotechnicians' training and experience:  
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: CERT ATTACHED Amount: \$ 5,000,000

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 3, 2021 9:30 a.m.  p.m.

Proposed location or site: MAIN LAKE DAM

Alternate date and time of the event: N/A a.m. / 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" TO 2 1/2" MULTI-SHOT CAGES  
3" & 4" SHELLS

Estimated duration of the display: 20 MINUTES

Specify any safety precautions to be taken:

NFPA 1123, NORTH CAROLINA & HARNETT  
COUNTY GUIDELINES



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: SPROUT SPRINGS

Location of the nearest fire station: STATION 1

Nearest medical facility:

Name: CAPE FEAR VALLEY HOSPITAL Location: FAYETTEVILLE, NC



V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 3-23-2021

STATE OF NORTH CAROLINA

COUNTY OF Harnett

I, Cynthia H Clack, 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 23<sup>rd</sup> day of March, 2021.

Cynthia H Clack

Notary Public

My Commission Expires: 04.21.2024





**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: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2021

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><br>Britton Gallagher<br>One Cleveland Center, Floor 30<br>1375 East 9th Street<br>Cleveland OH 44114 | <b>CONTACT NAME:</b><br>PHONE (A/C, No., Ext): 216-658-7100 |  | <b>FAX (A/C, No.):</b> |
|  | <b>E-MAIL ADDRESS:</b>                                      |  |                        |
| <b>INSURED</b><br>East Coast Pyrotechnics Inc.<br>P. O. Box 209<br>Catawba SC 29704                                  | <b>INSURER(S) AFFORDING COVERAGE</b>                        |  | <b>NAIC #</b>          |
|  | <b>INSURER A:</b> Everest Indemnity Insurance Co.           |  | 10851                  |
|  | <b>INSURER B:</b> Everest Denali Insurance Company          |  |                        |
|  | <b>INSURER C:</b> Liberty Mutual Insurance Co               |  | 25035                  |
|  | <b>INSURER D:</b> Axis Surplus Ins Company                  |  | 26620                  |
|  | <b>INSURER E:</b>   |  |                        |
| <b>INSURER F:</b>  |   |  |                        |

**COVERAGES**

CERTIFICATE NUMBER: 1326423478

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><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y         |          | S18ML00005-211     | 3/30/2021               | 3/30/2022               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  | Y         |          | S18CA00005-211     | 3/30/2021               | 3/30/2022               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| D        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   | Y         |          | P-001-000269928-02 | 3/30/2021               | 3/30/2022               | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$   |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | WC5-39S-727027-020 | 9/30/2020               | 9/30/2021               | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                         |

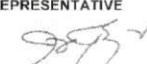
**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

DISPLAY DATE: JULY 3, 2021

ADDITIONAL INSURED: 1) HARNETT COUNTY 2) CAROLINA LAKES PROPERTY OWNERS ASSOCIATION 3) CAS, Inc.

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| CAS, Inc.<br>P.O. BOX 83<br>PINEHURST NC 28370 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

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# Federal Explosives License/Permit (18 U.S.C. Chapter 40)

64-40000000-01-000000-01-000000-01-000000-01-000000

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

|  |   |
|--|---|
| Direct ATF<br>Correspondence To<br>ATF - Chief, FELC<br>244 Needy Road<br>Martinsburg, WV 25405-9431 | License/Permit<br>Number<br><b>1-SC-091-51-9E-00223</b> |
| Chief, Federal Explosives Licensing Center (FELC)<br><i>Christopher R. Reers</i>                     | Expiration<br>Date<br><b>May 1, 2019</b>                |

Name  
EAST COAST PYROTECHNICS INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

**4652 CATAWBA RIVER ROAD  
CATAWBA, SC 29704-**

Type of License or Permit

**51-IMPORTER OF EXPLOSIVES**

### Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

**EAST COAST PYROTECHNICS INC  
PO BOX 209  
CATAWBA, SC 29704-**

*Tom Thompson*  
\_\_\_\_\_  
Licensee/Permittee Responsible Person Signature  
**Tom Thompson**  
\_\_\_\_\_  
Printed Name

*Pres*  
\_\_\_\_\_  
Position Title  
**6-3-16**  
\_\_\_\_\_  
Date

ATF Form 5400.14/5400.15 Part 1  
Revised October 2011

Previous Edition is Obsolete EAST COAST PYROTECHNICS INC 4652 CATAWBA RIVER ROAD 29704-1-SC-091-51-9E-00223 May 1, 2019-91-IMPORTER OF EXPLOSIVES

### Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)  
244 Needy Road  
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352  
Fax Number: (304) 616-4401  
E-mail: FELC@atf.gov

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

**Change of Address (27 CFR 555.54(a)(1)).** Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

**Right of Succession (27 CFR 555.59).** (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

|   |                    |
|---|--------------------|
| <b>Federal Explosives License/Permit (FEL) Information Card</b>         |                    |
| License/Permit Name: <b>EAST COAST PYROTECHNICS INC</b>                 |                    |
| Business Name:  |                    |
| License/Permit Number: <b>1-SC-091-51-9E-00223</b>                      |                    |
| License/Permit Type: <b>51-IMPORTER OF EXPLOSIVES</b>                   |                    |
| Expiration:   | <b>May 1, 2019</b> |
| Please Note: Not Valid for the Sale or Other Disposition of Explosives. |                    |



DEPARTMENT OF JUSTICE

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

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.

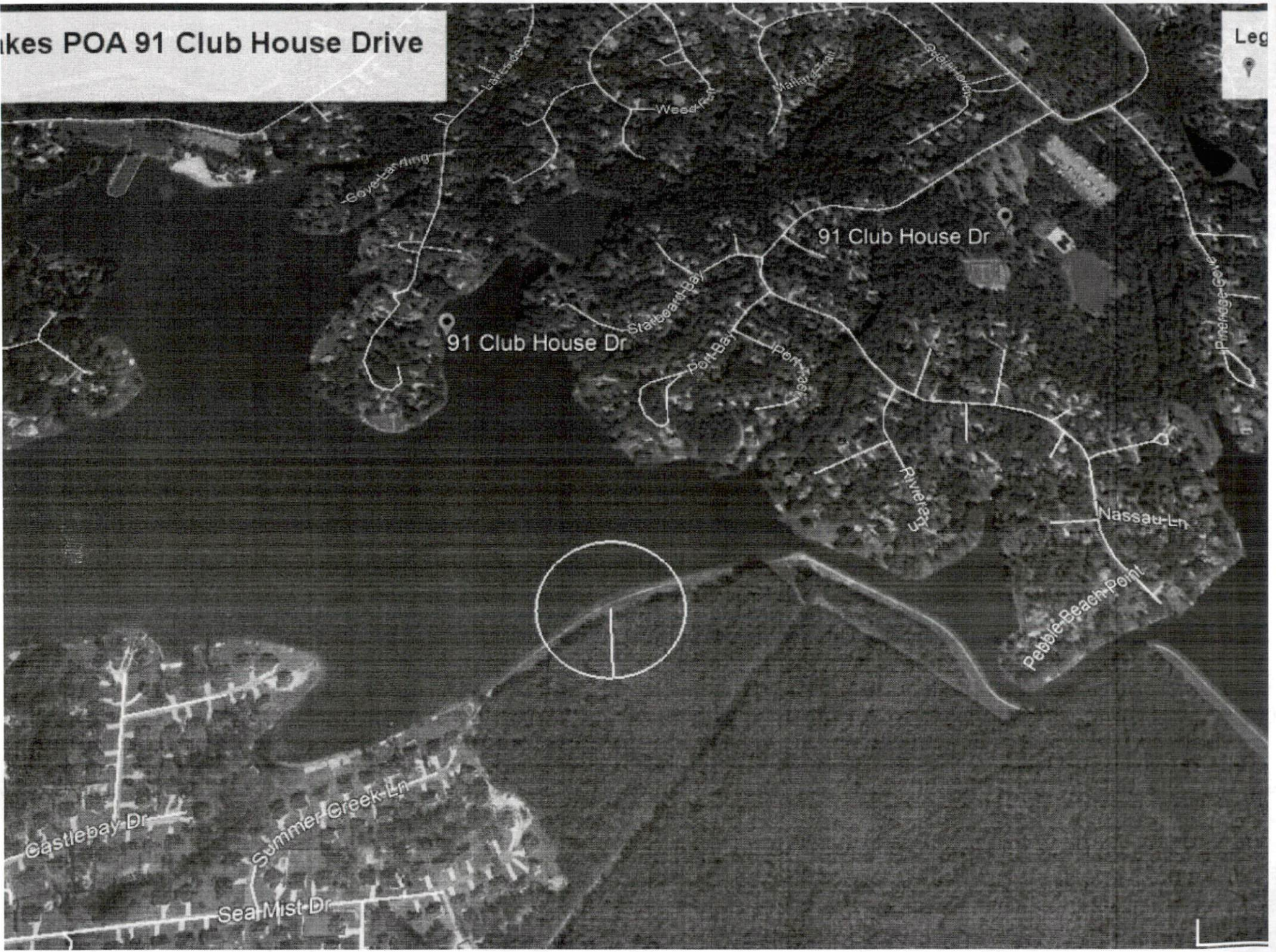
Sincerely,

Shawn Stevens  
Acting Chief, Federal Explosives Licensing Center

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

# ikes POA 91 Club House Drive

Leg



Cove Landing

Larkspur

Wood

Mainland

Pebble Beach

91 Club House Dr

91 Club House Dr

Starboard Bay

Port Bay

Port Bay

River

Nassau Ln

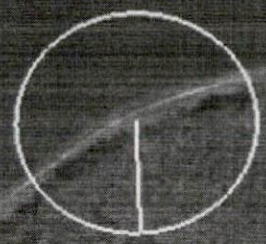
Pebble Beach Point

Pine Ridge Cove

Castlebay Dr

Summer Creek Ln

Sea Mist Dr



March 19, 2021

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 the Harnett County Fire Marshal's office. The PDFs were sent for the following manufacturers;

Glorious

Sunny

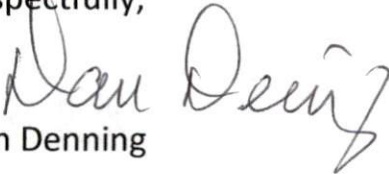
Yung Feng

Melrose

Vulcan

This list will cover product used in shows in Harnett County by East Coast Pyrotechnics during 2021.

Respectfully,

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

Dan Denning

East Coast Pyrotechnics