



I.

This application must be submitted no later than seven to ten working days prior to the event to ensure permit processing.

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: Pyro Shows East Coast Inc

Billing Address: PO Box 1776
LaFollette, TN 37766, NC

Contact Person: Jesse Salvesson

Contact Email: jesse@pyroshows.com

Contact Phone: (803) 789 5733 (423) 494 4202

President or CEO (for corporate applications): Jesse Salvesson

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: Everest Indemnity, Everest Denali Amount: \$ \$10,000,000

Coverage Period: 10-1-2021 to 10-1-2022



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 Prince

Billing Address: PO Box 1776
LaFollette, TN 37766, NC _____

Contact Email: jesse@pyroshows.com

Contact Phone: (803) 789-5733 (919) 227-9417

Bureau of Alcohol, Tobacco and Firearms permit/license type and number: 1-SC-091-51-4L-00270

Pyrotechnicians' training and experience:

Licensed NC Technician since 2011. Technician for 20+ Years
Successfully shot over 100 + fireworks displays
CDL with hazmat driver's license

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: Everest Indemnity, Everest Denali Amount: \$ 10,000,000

Coverage Period: 10-1-2021 to 10-1-2022



III.

DISPLAY INFORMATION:

Who provided this information: Applicant: ^{Jesse Salvesson} _____ Technician: _____ Both: _____

Type of display event: Carnival: _____ Exhibition: _____ Fair: _____
Public Celebration: X _____ Other: Fireworks

Proposed date and time of the event: July 3, 2022 9:15 PM _____ a.m. / p.m.

Proposed location or site: Carolina Way, Sanford, NC 27332

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

Please see attached shell summary and site diagram.

Estimated duration of the display: 12 minutes

Specify any safety precautions to be taken:

Fallout radius is 280'. All spectators and unauthorized personnel
to be located outside of fallout radius. Appropriate fire extinguishers
will be on site.



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: Harnett County

Location of the nearest fire station: Spout Springs Emergency Services Station 1

Nearest medical facility:

Name: Central Carolina Hospital Location: 1135 Carthage St, Sanford, NC 27330



V.

Applicant Printed Name: Jesse Salveson

Applicant Signature: 

Date: 5-24-22

STATE OF Tennessee
NORTH CAROLINA

COUNTY OF Campbell

I, Galia Thompson, a Notary Public of the County and State aforesaid, do hereby certify that Jesse Salveson signed and sworn to before me this day.

Witness my hand and official stamp, this the 24th day of May, 2022



Notary Public

My Commission Expires: 8/15/22



[SEAL]



VI.

FIRE DEPARTMENT COMMENTS:

Note: To be completed by local fire department representing the district in which the discharge will take place.

Recommendation: Approve: _____ Disapprove: _____

Chief's Signature: _____ Date: _____

VII.

FOR OFFICE USE ONLY:

Fire Marshal's Office Comments:

Final Approval: Approved: _____ Denied: _____

Conditional approval and/or special conditions:

Fire Marshal's Office Signature: _____ Date: _____

VIII.

Fireworks Permit Number: _____

CAROLINA LAKES PROPERTY OWNERS ASSOCIATION
Carolina Lake IDC 2022
Sunday, July 3, 2022

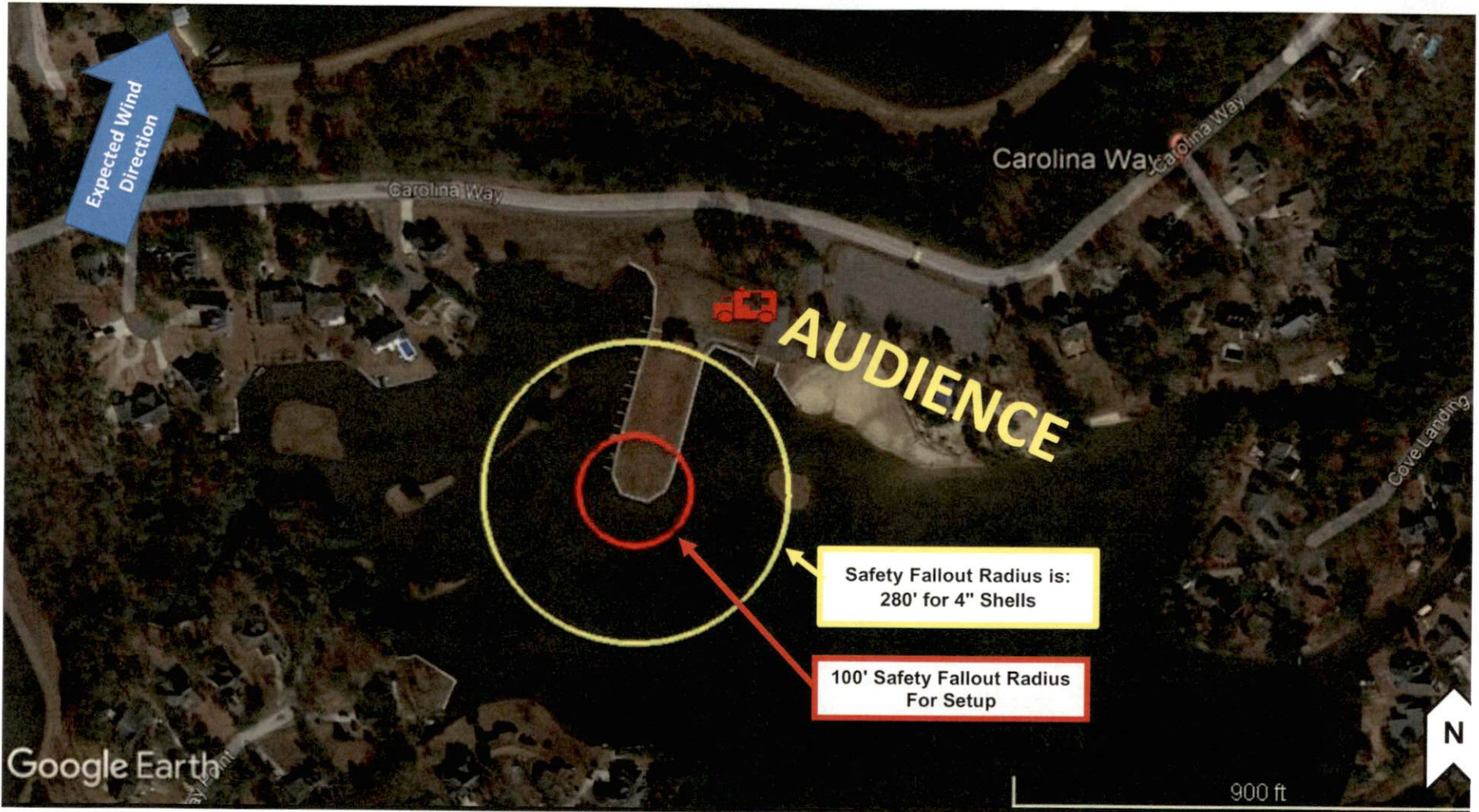
MAIN BODY

SHELL SIZE	DEVICE		QUANTITY		TOTAL
25 x 2.0"	Cakes		3		75
49 x 2.0"	Cakes		2		98
3"	Aerial Shell		120		120
4"	Aerial Shell		63		63
MAIN BODY DEVICE TOTAL					356

FINALE

SHELL SIZE	DEVICE		QUANTITY		TOTAL
36 x 2.5"	Cakes		3		108
TOTAL FINALE DEVICES					108

TOTAL DEVICE COUNT - MAIN BODY AND FINALE					464
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Customer: CAROLINA LAKES PROPERTY OWNERS ASSOCIAT
Show Date: Sunday, July 3, 2022
Show Address: Carolina Way Sanford, NC 27332
Show Site Lat / Long: 35.287408, -79.043783
Show Time: 9:15 PM
Rain Date: TBD

Show Name: Carolina Lake IDC 2022
Maximum Device Size: 4
Safety Fallout Radius: 280'
Storage Required: No
Diagram Created: 11/05/21
Diagram Created By: JDS