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## 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 seven to ten business days for processing.** 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.

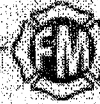
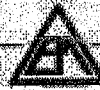
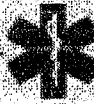
### **Items required for permit issuance:**

- 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 Harnett County as an additional insured and a copy of the Certificate of Insurance evidencing the coverage must accompany the application.
  - ***Amounts will be determined by event***
- 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.

**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:

PYROSHOWS EAST COAST, INC

Billing Address:

4652 CATAWBA RIVER RD

CATAWBA

SC  
#5

29704

Contact Person:

DAN DENNING

Contact Email:

D.DENNING@PYROSHOWS.COM

Contact Phone:

(910) 890-0651

( ) - -

President or CEO (for corporate applications):

JESSE SALVESON

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:

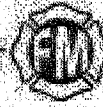
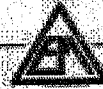
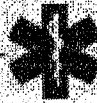
CERT ATTACHED

Amount: \$

10 MIL

Coverage Period:

10-1-22 — 10-1-23



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:

4707 OLD STAGE Rd.

ANGIER, NC 27501

Contact Email:

CHRIS811973@GMAIL.COM

Contact Phone:

(910) 710-3247

Bureau of Alcohol, Tobacco and Firearms permit/license type and number:

1-5C-091-51-4L-002D

Pyrotechnicians' training and experience:

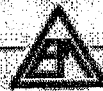
NC LIC # 1927

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: \$ 10 MIL

Coverage Period: 10-1-22 — 10-1-23



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 1st, 2023 9:15 a.m. (p.m.)

Proposed location or site: 125 WISCONSIN PINES DR. SPRING LAKE  
28380

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

3" - 4" - 5" SHELLS

Box ITEMS

Estimated duration of the display: 20 MIN

Specify any safety precautions to be taken:

ANDERSON CREEK STAFF

+ ACFD

PAINE DATE 7-2-23



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: ANDERSON CREEK FD

Location of the nearest fire station: 2 MILES

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON

A.C.



Emergency Services Department

www.harnett.org

V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 5-1-23

STATE OF NORTH CAROLINA

COUNTY OF Harnett

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

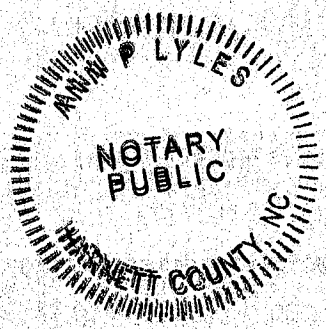
Witness my hand and official stamp, this the 1 day of May 2023

Ann D Lyles

Notary Public

My Commission Expires: April 6, 2026

[SEAL]





**VI.**

**FIRE DEPARTMENT COMMENTS:**

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

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Recommendation: Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII.**

**FOR OFFICE USE ONLY:**

Fire Marshal's Office Comments:

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Final Approval:            Approved: \_\_\_\_\_            Denied: \_\_\_\_\_

Conditional approval and/or special conditions:

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

**VIII.**

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