



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 Salveson

Contact Email: alison@pyroshows.com

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

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

Coverage Period: 10-1-2022 to 10-1-2023



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: 10-1-2022 to 10-1-2023



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, 2023 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: 

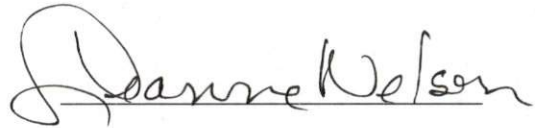
Date: 6-5-2023

STATE OF NORTH CAROLINA TN

COUNTY OF Campbell

I, Deanna Nelson, 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 5 day of June, 2023



Notary Public

My Commission Expires: 4/24/26

[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

Monday, July 3, 2023

MAIN BODY

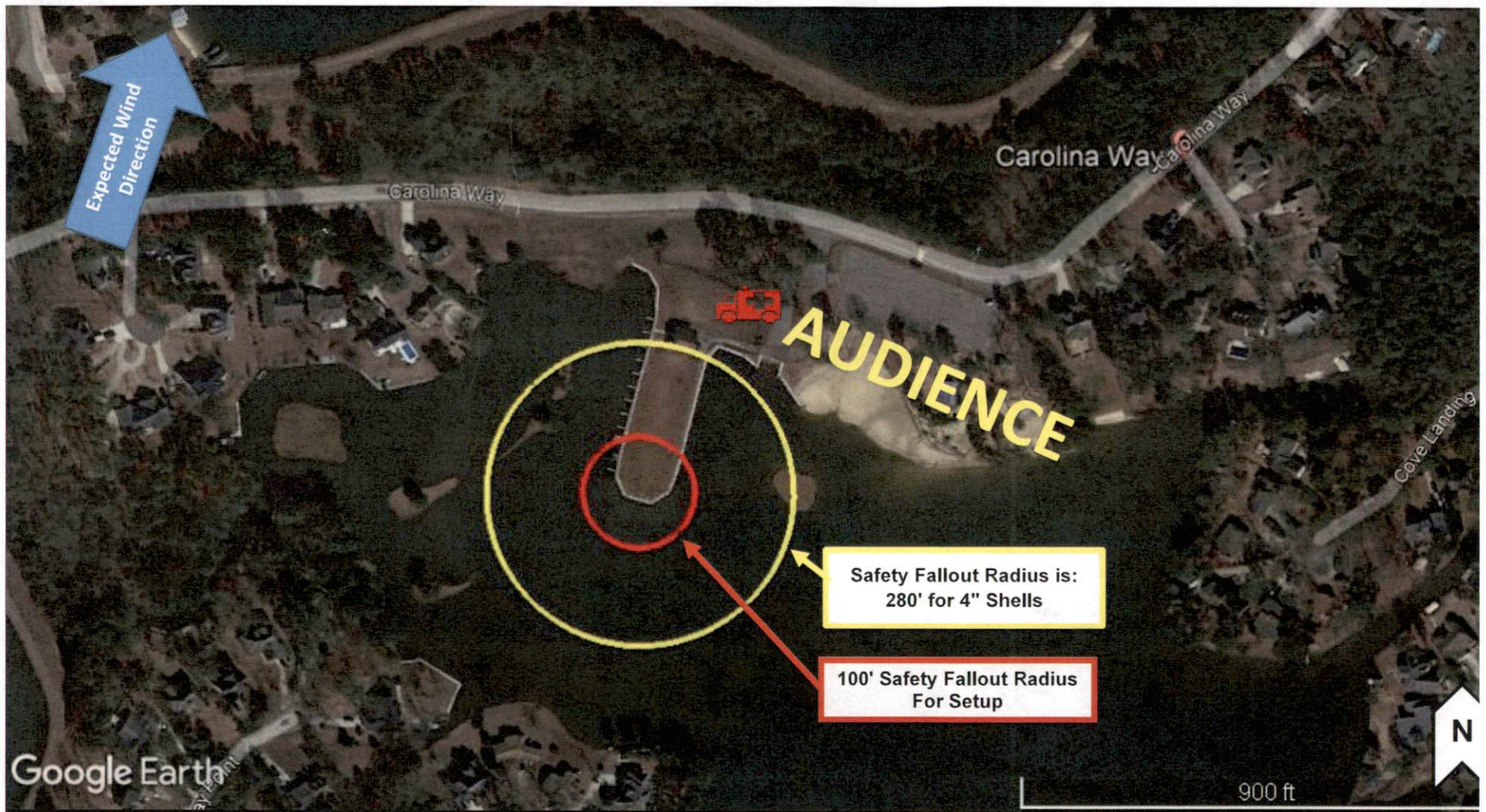
SHELL SIZE	DEVICE	QUANTITY	TOTAL
25 x 2.0"	Cakes	3	75
49 x 2.0"	Cakes	2	98
3"	Aerial Shell	120	120
4"	Aerial Shell	63	63
MAIN BODY DEVICE TOTAL			356

FINALE

SHELL SIZE	DEVICE	QUANTITY	TOTAL
36 x 2.5"	Cakes	2	72
3"	Aerial Shells	60	60
TOTAL FINALE DEVICES			132

TOTAL DEVICE COUNT - MAIN BODY AND FINALE	488
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Fireworks 1.3 G Display
 Largest Shell: 4
 Safety Radius: 280'



Customer: CAROLINA LAKES PROPERTY OWNERS ASSOCIAT
 Show Date: Monday, July 3, 2023
 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2023

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).

PRODUCER Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C No., Ext): 216-658-7100		FAX (A/C, No): 216-658-7101
	E-MAIL ADDRESS: info@brittongallagher.com		
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Everest Indemnity Insurance Co.	10851
		INSURER B : Everest Denali Insurance Company	16044
		INSURER C : Axis Surplus Ins Company	26620
		INSURER D : Accident Fund Ins. Co.	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 442740230

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S18ML02352-221	10/1/2022	10/1/2023	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S18CA00260-221	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			P-001-000698866-02	10/1/2022	10/1/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	DAP99000105100 (NC)	10/1/2022	10/1/2023	<input checked="" type="checkbox"/> PER STATUTE <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
A	Excess Liability #2			S18EX01800-221	10/1/2022	10/1/2023	Each Occ/ Aggregate Total Limits	\$5,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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: July 3, 2023

Additional Insured: Carolina Lakes POA; Community Association Services

CERTIFICATE HOLDER**CANCELLATION**

Carolina Lakes POA
 91 Clubhouse Drive
 Sanford NC 27332

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

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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