

## 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 ~~75.00~~ 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.

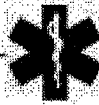
### **Items required for permit issuance:**

- 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: PYRO SHOWS EAST COAST, INC

Billing Address: 4652 CATAWBA RIVER ROAD  
CATAWBA SC 29704

Contact Person: DAN DENNING

Contact Email: D.DENNING@PYROSHOWS.COM

Contact Phone: (910) 890-0651 ( ) - -

President or CEO (for corporate applications): JESSE SALVESON

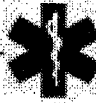
Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: Yes  No

If covered, specify the source, amount, and coverage period of the insurance:

Source: CERT ATTACHED Amount: \$ 10 MK

Coverage Period: 10-1-22 10-1-23

NEW COI WILL BE SENT AT RENEWAL



II.

PYROTECHNICIAN INFORMATION:

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

Technician Name: DAN DENNING

Billing Address: 4652 CATAWBA RIVER Rd  
CATAWBA SC 29704

Contact Email: D. DENNING

Contact Phone: (910) 990-0687

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

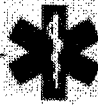
Pyrotechnicians' training and experience:  
25 PLUS YEARS  
CLOSE PROX + DISPLAY  
NC LIC # 3019

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: PERT ATTACHED Amount: \$ 10 ML

Coverage Period: 10-1-22 10-1-23

RENEWAL WILL BE SENT



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: ~~8-31~~ 8-31; 9-23; 10-21; 11-<sup>21</sup> a.m./p.m. TBD

Proposed location or site: 175 WINSTON PEARCE LN

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

30 min MINES & COMETS  
PREGAME & SCORE SHOTS  
ALL CLOSE AROX

Estimated duration of the display: PREGAME - 30 SEC. SCORES 8 SEC

Specify any safety precautions to be taken:

DISTRICT 8 F.I.D., CAMPBELL SECURITY & STAFF



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: DISTRICT 8

Location of the nearest fire station: 1 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON, NC



V.

Applicant Printed Name: Dan Denning

Applicant Signature: Dan Denning

Date: 7-31-2023

STATE OF NORTH CAROLINA

COUNTY OF Harnett

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

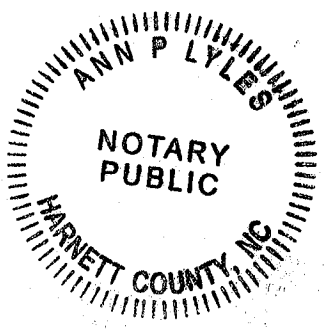
Witness my hand and official stamp, this the 31 day of July, 2023

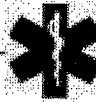
Ann P Lyles

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