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Emergency Services Department
www.harnett.org

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: Pyro Shows East Coast, Inc
Billing Address: 4652 CATAWBA RIVER RD
CATAWBA ^{SC} ~~NC~~ 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: \$ 10,000,000
Coverage Period: 10-1-24 - 10-1-25



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

Asheboro, NC 27501

Contact Email:

PRINCEFAMILYFARM@ICLOUD.COM

Contact Phone:

(984)-326-9858

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

ATTACHED

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: CITY ATTACHED Amount: \$ 10,000,000

Coverage Period: 10-1-24 - 10-1-25



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: 6-28-2025 9:15 a.m. (p.m.)

Proposed location or site: 125 WISPERING PINES DR. SPRING LAKE, NC

Alternate date and time of the event: 6-29-2025 9:15 28350 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", 5", 6" SHELLS
Box 1 ITEMS

Estimated duration of the display: 20-22 min

Specify any safety precautions to be taken:

ANDERSON CREEK STAFF
ACFP



Harnett
COUNTY
NORTH CAROLINA



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IV.

PUBLIC SAFETY INFORMATION:

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

Location of the nearest fire station: 2 MILES

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON, NC

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NORTH CAROLINA



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V.

Applicant Printed Name:

DAN DENNING

Applicant Signature:

Dan Denning

Date:

2-14-25

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 14 day of Feb., 2025

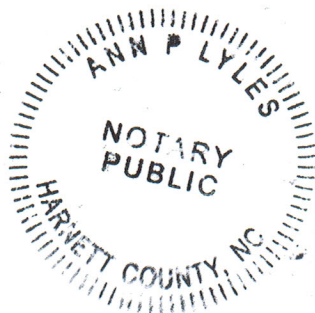
Ann P Lyles

Notary Public

My Commission Expires:

April 6, 2026

[SEAL]





VI.

FOR OFFICE USE ONLY:

Fire Chief's Office Comments:

Fire Marshal's Office Comments:

Fire Marshal's Office Recommendation:

Approve: ☐

Deny: ☐

Fire Marshal's Office Signature: _____ **Date:** _____

Board of Commissioner's Comments:

Final Board Approval:

Approved: ☐

Denied: ☐

Board of Commissioner's Signature: _____ **Date:** _____

Board of Commissioner's Representative (Printed Name): _____

VII.

Fireworks Permit Number: _____