



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

Billing Address:

4652 CATAWBA RIVER RDCATAWBA, SC 29704

Contact Person:

DAN DENNING

Contact Email:

D. DENNING@PYROSHOWS.COM

Contact Phone:

(910) 890-0651 ( ) - -

President or CEO (for corporate applications):

JESSE SANVESONIs 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: \$ 10,000,000Coverage 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:

LEE DENNING

Billing Address:

P.O. Box 126

LILLINGTON, NC 27546

Contact Email:

LDENNING@LIVE.COM

Contact Phone:

(910)-814-7152

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

ATTACHED

Pyrotechnicians' training and experience:

NC LIC # 1159

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: \$ 10,000,000

Coverage Period: 10-1-2024 — 10-1-2025



**Harnett**  
COUNTY  
NORTH CAROLINA



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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: 7-4-25 9:15 a.m. (p.m.)

Proposed location or site: 309 S. 1st St. LILLINGTON, NC

Alternate date and time of the event: 7-5-25 9:15 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" SHELLS

BOX / ITEMS

Estimated duration of the display: 20-25 MIN

Specify any safety precautions to be taken:

FENCED SITE - PARK STAFF

LVFD + LPP



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: LILLINGTON

Location of the nearest fire station: 4 BLOCKS

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON



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V.

Applicant Printed Name: DAN DENNINGApplicant Signature: Dan DenningDate: 2-19-25

STATE OF NORTH CAROLINA

COUNTY OF Harnett

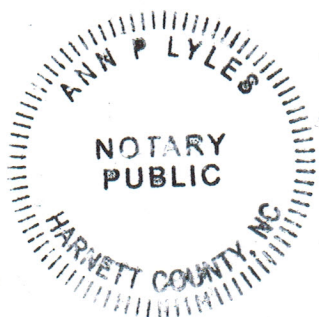
I, Ann Pyles, a Notary Public of the County and State aforesaid, do  
 hereby certify that Dan Denning signed and sworn to before me this day.

Witness my hand and official stamp, this the 14 day of Feb., 2025

Notary Public

My Commission Expires: April 6, 2026

[SEAL]







**VI.**

**FOR OFFICE USE ONLY:**

**Fire Chief's Office Comments:**

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**Fire Marshal's Office Comments:**

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**Fire Marshal's Office Recommendation:**

Approve: ☐

Deny: ☐

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

**Board of Commissioner's Comments:**

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**Final Board Approval:**

Approved: ☐

Denied: ☐

**Board of Commissioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Commissioner's Representative (Printed Name):** \_\_\_\_\_

**VII.**

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