



Harnett
COUNTY
NORTH CAROLINA



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: NC Fireworks LLC

Billing Address: 105 Opie Ln
Henderson, NC 27537

Contact Person: Tim Tucker

Contact Email: Info.ncfireworks@gmail.com

Contact Phone: (919) 931-1280 () - -

President or CEO (for corporate applications): N/A

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

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

Source: Ryder Amount: \$ 1,000,000

Coverage Period: 4/25 - 4/26



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II.

PYROTECHNICIAN INFORMATION:

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

Technician Name:

Chelsie Tucker

Billing Address:

105 Opie Ln

~~Henderson~~ Henderson, NC 27537

Contact Email:

chelsie.m.R⁸⁸@gmail.com

Contact Phone:

(602) 757-3924

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

~~0000~~ #4106 - OSFM
operator
license

Pyrotechnicians' training and experience:

Chelsie Received her PGI training in 2022.

she received on site training with deep south fireworks and

then obtained her operators license with NC OSFM.

she has performed her duties on 15+ shows over the last 2 years.

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:

Ryder

Amount: \$

1,000,000

Coverage Period:

4/25 - 4/26



III.

DISPLAY INFORMATION:

Who provided this information: Applicant: _____ Technician: X Both: X

Type of display event: Carnival: _____ Exhibition: _____ Fair: _____

Public Celebration: X Other: _____

Proposed date and time of the event: JULY 4th 9:15 a.m. / p.m.

Proposed location or site: carolina lakes marina, 902 carolina way, sanford
NC, 27332

Alternate date and time of the event: N/A 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:

all fireworks used will be 1.4G class fireworks
up to 30 multishot cakes with up to 200 shots
Per cake - 192 1.75" shells will be used for the
finale. Cakes with diameters of 1" up to 3" will be used.
no shells of 3" will not be used.

Estimated duration of the display: 25 mins

Specify any safety precautions to be taken:

all fireworks will be braced to prevent tipping. Cobra wireless
firing system will be used to fire the show. no hand firing will happen
caution tape to be used to restrict access to the public.
3 water extinguishers will be on site. No smoking or open
flames within the discharge site. Licensed persons only within
the discharge site. after show, 15 min cooling period following
the display. Grid search of and non fired devices. If found the
devices will be soaked with water for 30 mins.
Sprout Springs fire dept will be on stand by. all boats will be
restricted.



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IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district:

Harnett County

Location of the nearest fire station:

SPROUT SPRINGS Fire Station

Nearest medical facility:

Name: Womack Army
medical center

Location:

2817 Rock Merritt Ave
Fort Bragg NC, 28310



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V.

Applicant Printed Name:

Tim Tucker

Applicant Signature:

Tim Tucker

Date:

5/20/25



STATE OF NORTH CAROLINA

COUNTY OF Vance

I, Daphne Gillis Wright,

a Notary Public of the County and State aforesaid, do hereby certify that Tim Tucker signed and sworn to before me this day.

Witness my hand and official stamp, this the 20 day of May, 2025

Daphne Gillis Wright

Notary Public

My Commission Expires:

8/17/2025

[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: _____