CAMPBELL FOOTBALL

Harnett COUNTY NORTH CAROLINA

Emergency Services Department

www.harnett.org

Reviewed for Fire Code Compliance
Harnett COUNTY
Leslie Jackson
09/16/2025 2:25:07 PM

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: PyroShows East Coast, INC.

Billing Address: 4652 Catawba River Rd

Catawba, ~~NC~~ SC 29704

Contact Person: Dan Denning

Contact Email: D.Denning@pyroshows.com

Contact Phone: (910)-890-0657 (____)-____-____

President or CEO (for corporate applications): Jesse Salleson

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: Cert Attached **Amount: $** 10 Mil

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

II.

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

Technician Name: HERMAN TAHT

Billing Address: 4652 CATAWBA RIVER RD
CATAWBA, ~~NC~~ SC 29704

Contact Email: HTAHT3@GMAIL.COM

Contact Phone: (919)-764-4553 (____)-____-____

Bureau of Alcohol, Tobacco and Firearms permit/license type and number: 1-SC-091-50-TL-00369

Pyrotechnicians' training and experience:
NC 3719

Is the technician 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: CERT ATTACHED **Amount: $** 10 MIL

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

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: 9-20-2025 8:30-9:00 a.m. (p.m.)

Proposed location or site: PRACTICE FOOTBALL FIELD, CAMPBELL STADIUM

Alternate date and time of the event: _____ 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:

LOW LEVEL BOX ITEMS

Estimated duration of the display: 5-7 MINUTES

Specify any safety precautions to be taken:

CREW, CAMPBELL SECURITY, & DISTRICT 8

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

CAMPBELL 9-30-25

Harnett COUNTY NORTH CAROLINA

Emergency Services Department
www.harnett.org

V.

Applicant Printed Name: DAN DEMING

Applicant Signature: Dan Deming

Date: 7-23-25

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 Deming signed and sworn to before me this day.

Witness my hand and official stamp, this the 23 day of July 2025

Ann P Lyles

Notary Public

My Commission Expires: April 16, 2026

[SEAL]

ANN P LYLES NOTARY PUBLIC HARNETT COUNTY, NC

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:

_____

_____

_____

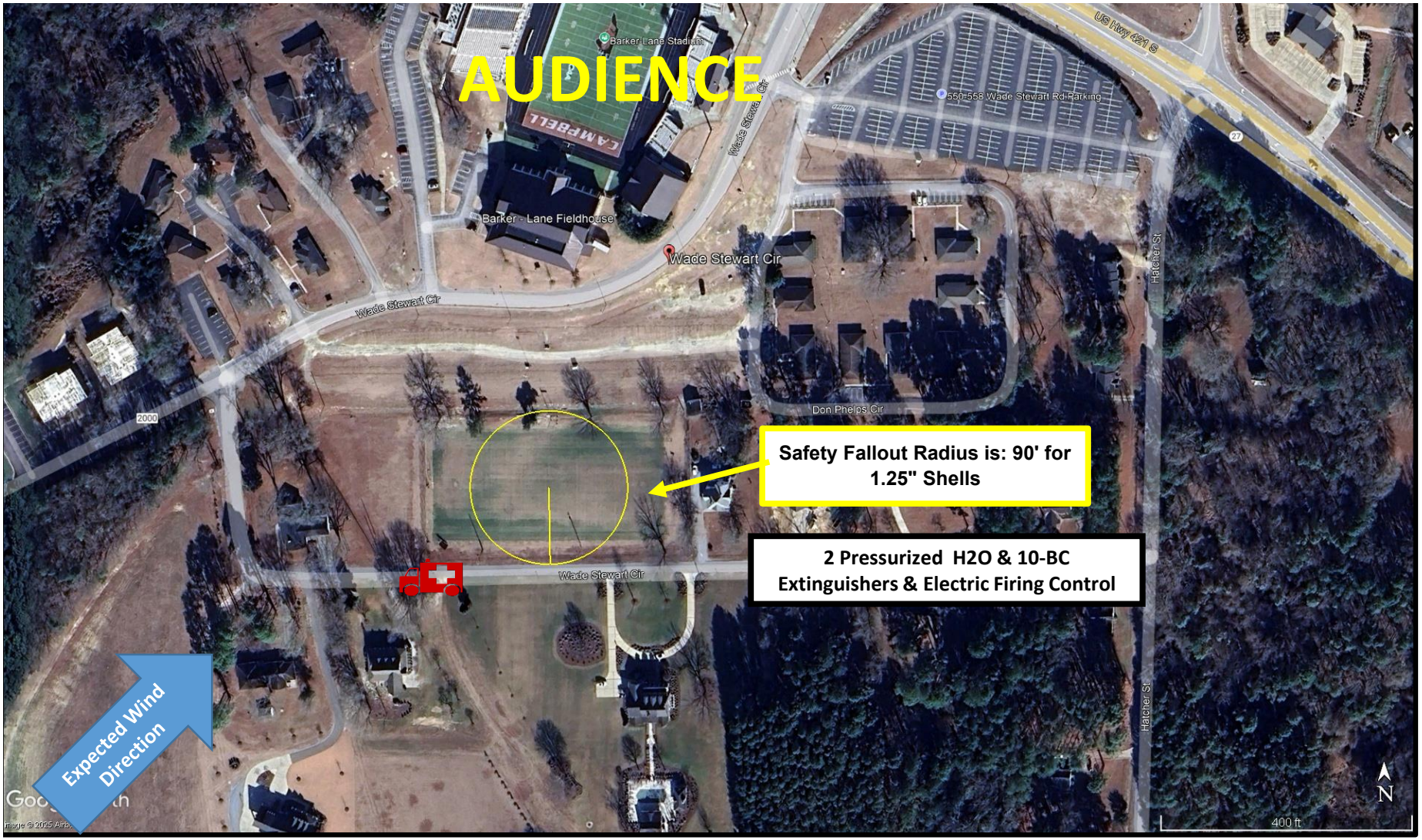
Final Board Approval: Approved: ☐ Denied: ☐

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

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

VII.

Fireworks Permit Number: _____



Customer: Campbell University
Show Date: Saturday, September 20, 2025
Show Address: Wade Stewart Circle Lillington, NC 27546
Show Site Lat / Long: 35.404388, -78.742717
Show Time: Post Game
Rain Date: TBD

Show Name: Campbell University Football Postgame
Maximum Device Size: 1.25
Safety Fallout Radius: 90'
Storage Required: No
Diagram Created: 08/20/25
Diagram Created By:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/20/2025

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	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 Company	10851
INSURER B : Everest Denali Insurance Company	16044
INSURER C : Accident Fund Insurance Company of America	10166
INSURER D : Everspan Indemnity Insurance Company	16882
INSURER E : AXIS Specialty Insurance Company	15610
INSURER F :	

INSURED
Pyro Shows East Coast Inc.
PO Box 1776
Lafollette TN 37766

COVERAGES **CERTIFICATE NUMBER:** 1366720027 **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	
D	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			GCI0010001-241	10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			GCD0010001-241	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
E	[ ] **UMBRELLA LIAB** [X] OCCUR X **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			P-001-000698866-04	10/1/2024	10/1/2025	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		DAP99000105101 (NC)	10/1/2024	10/1/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Excess Liability #2			GCI0010002-241	10/1/2024	10/1/2025	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: September 20, 2025 - Campbell University Football

Additional Insured: Campbell University, Inc.; Harnett County, NC

CERTIFICATE HOLDER

Campbell University
P.O. Box 10
Buies Creek NC 27506

CANCELLATION

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

Campbell University
Campbell University Football Postgame
Saturday, September 20, 2025

Show Time: Post Game | Show Length: 5 Minutes

MAIN BODY

SHELL SIZE	DEVICE		QUANTITY		TOTAL
100 x 1.25"	Cakes		10		1000
				MAIN BODY DEVICE TOTAL	**1,000**

FINALE

SHELL SIZE	DEVICE		QUANTITY		TOTAL
100 x 1.25"	Cakes		3		300
				TOTAL FINALE DEVICES	**300**

TOTAL DEVICE COUNT - MAIN BODY AND FINALE	**1,300**