



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:

Pyroshows EAST COAST, INC.

Billing Address:

4652 CATAWBA RIVER RD

CATAWBA

SC

NO

29704

Contact Person:

DAVE DENNING

Contact Email:

D.DENNING@PYROSHOWS.COM

Contact Phone:

(910)-890-0651

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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 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 SC 29701

Contact Email:

HTAHT3@GMAIL.COM

Contact Phone:

(919) 264-4553 () - -

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

1-SC-091-50-TL-00169

Pyrotechnicians' training and experience:

NC 3719

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 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)

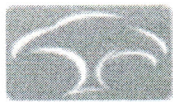
Type and quantity of fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:

LOW LEVEL BOX ITEMS

Estimated duration of the display: 5-7 MINUTES

Specify any safety precautions to be taken:

CREW, CAMPBELL SECURITY, & DISTRICT 8



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IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: ~~18~~ DISTRICT 8

Location of the nearest fire station: 1 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON



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V.

Applicant Printed Name:

Dan Denning

Applicant Signature:

Dan Denning

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 Denning signed and sworn to before me this day.

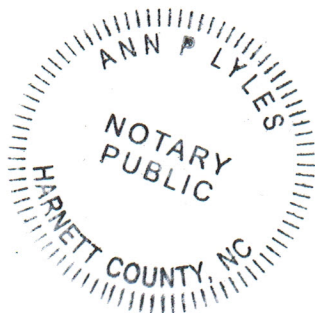
Witness my hand and official stamp, this the 23 day of July 2025

Ann P Lyles

Notary Public

My Commission Expires: Apr. 16, 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: _____