

Edgecombe County Fire Marshal's Office
Office # (252) 641-7843/7806/7816
Fax # (252) 641-7887

Fireworks Application

Attached you will find an application for a Fireworks Discharge Permit. This application must be completed and returned **60 Days** prior to issuance of the permit.

ITEMS REQUIRED PRIOR TO PERMIT ISSUANCE:

- 1. All blanks must be completed on the application.**
- 2. The Permit Holder is required to obtain liability insurance in an amount sufficient to cover the claims of any person(s) who may be injured or otherwise damaged as a result of the display. The insurance must name Edgecombe County as an additional insured and a copy of the Certificate of Insurance evidencing the coverage must accompany the application.**
- 3. Include a detailed site plan indicating the discharge and storage locations and distances.**
- 4. Include the manufacturer's technical data sheet of each type of pyrotechnics to be discharged.**

SECTION EXPLANATION:

- Section I:** Information on the person, group, corporation, association, or entity sponsoring, holding, or primarily responsible for the event.
- Section II:** Information on the Pyrotechnician.
- Section III:** Information on the actual display.
- Section IV:** Public Safety Information. (Name of fire district where the discharge will take place, address of the nearest fire station, and name and location of the nearest medical facility).
- Section V:** Notarization of the application. (APPLICATION SIGNATURES MUST BE NOTARIZED).
- Section VI:** Fire Department Comments. (This must be completed by the Chief of the local fire department representing, the district where the discharge will take place).
- Section VII:** For Edgecombe County Fire Marshal use only.
- Section VIII:** Fireworks Permit Number.

THE FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF THE PYROTECHNICS.

**Edgecombe County
Application for Fireworks Discharge Permit**

Section I

Important: This application must be returned **60 Days prior to event to ensure permit processing.**

Please Type or Print

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).

Name: _____ Telephone: _____ home

Address: _____ work

For a corporate applicant, indicate the name and address of the registered agent for service of process:

Name: _____

Address: _____

President or

CEO: _____

Indicate whether the applicant is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES _____ NO _____

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

Source: _____ Amount: \$ _____

Coverage

Period: _____

Section II

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

Name: _____ Telephone: _____ home

Address: _____ work

Bureau of Alcohol, Tobacco and Firearms permit/license type and no.: _____

Specify Pyrotechnicians' training and experience: _____

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics:

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES _____ NO _____

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

Source: _____ Amount: \$ _____

Coverage
Period: _____

Section III

DISPLAY INFORMATION: (Note: Indicate who provided this information):

Applicant: _____ Technician: _____ Both: _____

Indicate the type of display event:

Carnival: _____ Exhibition: _____ Fair: _____

Public Celebration: _____ Other: _____

Proposed day and time of the event:

Day: _____ **Time:** _____ **AM / PM**

Proposed location or site: _____

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

Estimated duration of the display: _____

Specify any safety precautions to be taken: _____

Section IV

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: _____

Location of the nearest fire station: _____

Name and location of the nearest medical facility:

Name: _____ **Location:** _____

Section V

I certify under penalty of perjury that the foregoing information, which I have provided, is true and accurate to the best of my personal knowledge.

Applicant

Technician

Date

Date

**Sworn to and subscribed before
me this _____
day of _____,**

**Sworn to and subscribed before
me this _____
day of _____,**

Notary Public

Notary Public

My commission expires:

My commission expires:

Section VI

FIRE DEPARTMENT COMMENTS: (Note: To be completed by the local fire department representing, the district in which the discharge will take place).

Recommendation:

Approve: _____ **Disapprove:** _____

Chief's Signature: _____ **Date:** _____ / _____

Section VII

FOR OFFICE USE ONLY

FIRE MARSHAL COMMENTS: _____

FINAL APPROVAL: **Approved:** _____ **Disapproved:** _____

Conditional approval and/or special conditions: _____

Fire/Rescue Signature: _____ **Date:** _____ / _____ / _____

Section VIII

Fireworks Permit No. _____