

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 to prior to issuance of the permit. **PLEASE ALLOW THREE (3) WORKING DAYS FOR PROCESSING.**

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 no later than three (3) working 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. _____