# **Caroline County Department of Fire and Rescue**



## **Application for Fireworks Display**

### ALL PERMITS MUST BE RECEIVED 30 DAYS PRIOR TO DISPLAY

In order to ensure that your application is processed in a timely manner, please ensure that you completely fill out the attached **Applicant Information** page, attach all of the **Additional Required Information** and include a check for the **\$100 non-refundable permit application** at time the application is submitted.

	This Application MUST be submitted by the Property Owner of the			
<b>*NOTE:</b>	Fireworks Display Site.			
	<u>The Propert</u>	y Owner is the Applicant.		
\$100 Non Refundable Perr				
	ond or certificate of A+ Commercial Ge any damages resulting from fireworks d	eneral Liability Insurance in the amount of not less lisplays.		
	Certificate include the following inform			
Date and	Physical Address	additional insured on the liability insurance		
Rain Date	of Event	certificate		
Certification of Advanced	Written Notice to abutting property own	ners 10 days prior to event.		
Site Plan/Drawing noting:				
Firing/Disch	arge Point Location and Dimensions			
Spectator/Vi	ewing Area Location and Dimensions			
Parking Area	a Location and Dimensions			
Location an	Location and Type of Any Special Hazards in the Area			
	in Type of Any Special Hazards in t	uic Aica		
Nearby struc	tures(with approximate distances)			
<b>.</b>				
Location of	F Ready Box during set up and durin	ig the Event.		
Copy of the Pyrotechnician	n's State Certifications pursuant to Secti	ion 107.2 of the Statewide Fire Prevention Code.		
Itemized List of Fireworks	to be used in the display.			
		yrotechnic company. This should include the		
		unty for the duration of activities related to the		
permitted event.				

### Caroline County Department of Fire and Rescue Application for Fireworks Display PAGE 2

Are All Required Signatures Present?

Is All Required information Provided?

Has a site inspection been completed?

**Complete Below Once Application Has Been Approved.** 

Certification of Advanced Written Notice to abutting property owners 10 days prior to event.

Written Permission from Owners of Residential Structures that are within 1000 ft of display site.

FOR Official Use Only				
After review of the Application for Firewo	e application, I rks Display be Appro		Do Not Recommend that this	
Rank	Signature		Date	
Comments				
			Application No.	

#### THIS is NOT a PERMIT TO DISPLAY

**\*\*\***Failure to provide all requested documents and signatures will require that the application be returned to applicant. No Applications will be approved until ALL Required documentation and signatures are present.\*\*\*



### Caroline County Department of Fire and Rescue Application for Fireworks Display

	Date:	
	vner Information	
Sponsor Name	Sponsor's Add	ress
(Last name, First name, Middle initial)	(Street Addre	5S)
(Home Phone Number)	(City, State, Zip	Code)
(Mobile Phone Number)	(Email Addre	se)
	rmed by or for an organization:	55)
Organization Name	Organization Ad	dress
organization i vano		
		)
	(Street Addre	SS)
(Phone Number)	(City, State, Zip	Code)
(Fax Number)	(Web Site/Email A	ddress)
	zation Type	
Governmental Public/Non-Profit	Private/Non-Profit P	rivate/Unincorporated
Other:		
	nformation	
Event Name	Event Addre	88
	(Street Addre	
Designated Individual/Coordinating Pyrotechnician	(Sileet Addres	55)
Designated Individual Coordinating Pyroteeninetan	+	
		~
(Last name, First name, Middle initial)	(City, State, Zip	Code)
(Last name, First name, Middle initial)	ł	
	Event Date	Start Time
	ł	
(Mobile Phone Number)	Rain Date	Start Time
	*Note: By County Ordinance All Fire	works Displays (Except for
	New Years Eve) must be between the	
(Empil Address)	are not to exceed 30 minu	
(Email Address)		

Signature and Verification

I, as the property owner, grant permission to the above named pyrotechnician to display fireworks on my property. Additionally, I understand and agree to the requirements of the Fireworks Ordinance and Display Permit process. I agree to take full responsibility for the safety and proper conduct of the event, event staff and of the display fireworks. I have made arrangements for traffic control, Fire and Emergency Medical Services.



#### Caroline County Department of Fire and Rescue Application for Fireworks Display

Date:

**Pyrotechnician Information** This Page is to be Completed by the Coordinating Pyrotechnician

List all Pyrotechnicians and Assistants			Virginia SFMO Certification Numbers		
	Name		Proximate	Arial	
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		
Role:	Coordinating Individual/Pyrotechnician	Operator	Other:		

By signing, I agree to report any change of personnel, date, time, insurance status, location, dimensions, or distances to Caroline County Fire Rescue within 24 hours of occurrence. No changes can be made to the permit application within 72 hours of the event.

I certify that all information contained herein, and all documents attached hereto, are accurate, true, and complete. My signature authorizes Caroline County Fire Rescue to verify the answers that I have given in response to the questions contained in this application.

Signature \_\_\_\_\_

Print Name

\*\*\*Submit Copies of <u>ALL</u> Pyrotechnicians Certifications with Application

Date



#### **Caroline County Department of Fire and Rescue** Application for Fireworks Display

Date:

Kty		nation from Coordinating Pyrotechnician
Aerial Display Company		Aerial Display Company Address
		(Street Address)
	(Phone Number)	(City, State, Zip Code)
	(Fax Number)	(Web Site/Email Address)
Fi	reworks Supply Compa	y Fireworks Supply Company Address
		(Street Address)
	(Phone Number)	(City, State, Zip Code)
	(Fax Number)	(Web Site/Email Address)
Federal Identification	,	(New Sher Email Fieldso)
		Ordinance to be Displayed
List the size (in inche		ells to be fired. Provide additional indication for multi-break shells and or salutes
(reports). Attach add		
Amount	Size	Shell Type
Amount		
	Size	Shell Type
This display will be f	Size	Shell Type   Shell Type   Will mortars be re-loaded during the display?
This display will be f	Size	Shell Type



Caroline County Department of Fire and Rescue Application for Fireworks Display

Date:

## **Emergency Procedures**

A written emergency plan must be submitted as part of the permit review process. This plan shall include the following:

• Procedures to be followed for mis-fires. No mis-fires shall be re-fired without the approval of the Fire Marshal.

• Procedures to be followed in the event of a catastrophic failure of a firework device or component or other accident related to event activity. This must include emergency notification to fireworks personnel, event staff, and emergency personnel.

• Procedures for retrieval, security, disposal, and/or transport of fireworks that are damaged or otherwise rendered unstable by the Fire Marshal for re-firing. If this requires the services of a third party, this shall include the contact information and proof that said firm shall be immediately accessible for notification purposes by the applicant and shall be on site within a twenty-four (24) hour period once notified by the applicant. If no name and contact information of such a company is provided, it will be assumed that the applicant acknowledges that it will be responsible for paying all costs that may be incurred by the Fire Marshal's Office in abating and cleaning up the Hazard.

## **Conditions and Acknowledgements**

The following requirements are to be adhered to in accordance with the Caroline County Department of Fire Rescue. Please initial each item, indicating that the applicant acknowledges these requirements and agrees to comply with the said requirements. If the item does not apply to the circumstance, please mark N/A in place of initialing.

requirements. If the item does not uppry to the encumbrance, preuse mark rorr in prace of initiating.	
• If reloads are used during the display, the ready box will be capable of protecting the contents from burning	
debris with a self closing cover or by an equivalent means or method.	
• During the performance of the display, the ready box will be located at least 25 feet upwind from the mortar	
Placement.	
• The reloading of shells will be confined to the shells with a 6 inch or less diameter.	
• The display site has a radius of not less than 100 ft per inch of diameter of the largest shell to be fired (there	
are no exceptions to this rule). An additional 50 feet "Buffer" is requested, if practical, to compensate for the	
wind.	
• No spectator or spectator parking will be located within the display site.	
• Any ground display pieces used will be located minimum distance of 75 feet from spectator viewing and	
parking areas.	
• It is requested that a 20 B.C Fire Extinguisher AND 2.5 gallon water extinguisher is on hand at the display	
site.	
• The display site is free of fire hazards, to include boxes, wrapping, dry grass or mulch piles, or other	
combustibles that could contribute to an accidental ignition of fireworks.	
• The sponsor is providing a sufficient number of monitors, with distinctive identification (e.g. badges,	
colored vest, etc.) Whose sole duty is enforcement of crown control around the display area. The sponsor	
will determine the required number of monitors with the concurrence of the Fire Marshal (or his designee)	
and the operator). Where practical, temporary barriers can be incorporated to aid in crowd control.	
• The power source used for firing pyrotechnic devices is restricted to batteries or isolated power supplies	
used for firing purposes only	
• Any shell larger than 6-inches in diameter will be pre-loaded into the mortar(s) and fired electrically.	
• Except for securely fastened mortar racks, mortars will be buried to a depth of at least 66.6% of their	
length.	
• When mortars are to be reloaded during a display, mortars of various sizes will not be intermixed. Mortars	
of the same size will be placed in groups according to size and groups will be separated from one another.	
• Mortars will be of sufficient length, strength, and durability to fire the aerial shells safely and to safe	
heights.	
• I acknowledge that a fireworks permit does not supersede or give me permission to violate the County	
Noise Ordinance	





Caroline County Department of Fire and Rescue Application for Fireworks Display

Date:

# **Certification of Coordinating Pyrotechnician**

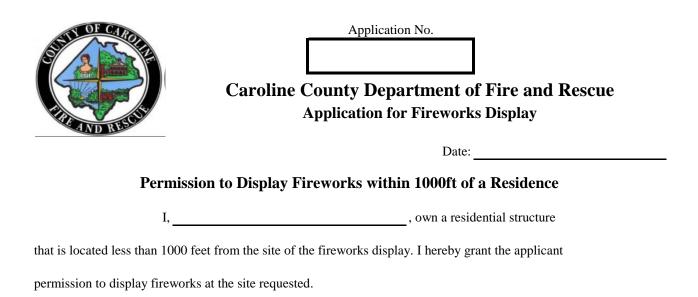
I certify that all information contained herein, and all documents attached hereto, are accurate, true, and complete. My signature authorizes Caroline County Fire Rescue to verify the answers that I have given in response to the questions contained in this application.

Signature of Coordinating Pyrotechnician

Date

Name of Coordinating Pyrotechnician

STATION OF CENTROL	A	pplication No.	
Application	ation fo	or Fireworks Display	
Certification of Written	Notice to A	Date:	
		have given Written Notice to the owners and	
residents of all properties adjoining the Fireworks Display Site of our intent to perform a Fireworks			
	_		
Display on I have notic	at fied the follo	hours.	
	1		
(Last name, First name, Middle initial)		(Last name, First name, Middle initial)	
(Property Address)		(Property Address)	
(City, State, Zip Code)		(City, State, Zip Code)	
(Phone Number if Known)		(Phone Number if Known)	
(Owner's Mailing Address if different from above)		(Owner's Mailing Address if different from above)	
(Owner's Manning Address in different noin above)		(Owner's Maining Address in different from above)	
(City, State, Zip Code)	j	(City, State, Zip Code)	
	]		
(Last name, First name, Middle initial)		(Last name, First name, Middle initial)	
(Property Address)		(Property Address)	
(City, State, Zip Code)		(City, State, Zip Code)	
(Phone Number if Known)	1	(Phone Number if Known)	
(Owner's Mailing Address if different from above)	1	(Owner's Mailing Address if different from above)	
(	1		
(City, State, Zip Code)	j	(City, State, Zip Code)	



Signature

Date

	My name and a	address are listed below.	
(Last name, First na	ame, Middle initial)	(Street Address)	
(Home Pho	ne Number)	(City, State, Zip Code)	
(Mobile Pho	one Number)	(Email Address)	
State/Comm	nonwealth of	in the City/County of	
Subscribed and sworn	n to/affirmed before me this	of	
20	by	Print Name of Affiant	
		Fint Name of Affant	
Date	-		
		Notary Public My Commission expires	
		Registration No.	
		- 0	