

APPLICATION FOR NON-TRANSFERABLE FIREWORKS DISPLAY PERMIT

***This entire application must be completed and submitted with the required documentation.
Incomplete applications will be rejected.***

Date of Application: _____

Permit No.: FW- _____ - _____

Applicant Information:

Name: _____

Address: _____

Tele. No.: _____

Email Address: _____

Is Applicant at least 21 years of age or older? _____YES _____NO

Applicant's proof of age in the form of a photo ID, driver's license or passport must be submitted with this application.

Owner(s) of property on which display is to be held:

Name: _____

Address: _____

Tele. No.: _____

Email Address: _____

Professional pyrotechnician in charge of fireworks display:

Business Name: _____

Business Address: _____

Name of Person overseeing display: _____

Tele. No.: _____ Email Address: _____

Does the pyrotechnician have all necessary credentials, licenses and/or certifications to discharge fireworks in the State of Pennsylvania? ____ YES ____ NO

Note: Copies of credentials, licenses and/or certifications must be submitted with this application.

Property Information:

Address of parcel(s) on which fireworks will be launched from and explode over: _____

Size of parcel(s) on which fireworks display will be held (in acres): _____

Note: The minimum size lot for holding a fireworks display is 5 acres. Parcels of contiguous land may be combined to achieve the necessary lot size, however, all owners must agree and apply for the permit.

Please submit a map showing the following information:

1. Areas on property where fireworks will be stored, handled and launched.
2. Distance from fireworks launch site to nearest existing occupied structure.
3. Distance from fireworks launch site to all adjacent property lines.

Note: No fireworks may be launched less than 300 feet from an existing occupied structure or less than 200 feet from an adjacent property line.

Fireworks Display Information:

Exact date & time of display: _____

Note: Displays shall be no longer than 30 minutes and shall occur between 7:00 pm and 10:00 pm.

Rain Date (if applicable): _____

Describe storage & handling of fireworks: _____

Describe procedures and safeguards that will be implemented to protect the general public and limit the potential for property damage, including but not limited to all measures to be taken to avoid falling debris onto nearby or adjacent property: _____

Describe disposal of any unfired fireworks: _____

Bond Information:

Amount of Bond: (minimum \$50,000 Bond required) _____

Name, Address & Tele. No. of Bond Company: _____

Note: Copy of Bond must be submitted with this application for review and approval by the Township Manager.

Insurance Requirements:

Pyrotechnician or Owner must provide Certificate of Insurance evidencing General Liability insurance in the amount of One Million Dollars. Insurance coverage must be solely applicable to the specific display / event named in this application. Coverage applicable to other events or operations, generally, will not be accepted. The Certificate of Insurance must name the following individuals / entities as additional insureds: Upper Saucon Township and its Boards, Commissions and Authorities (including the individual members thereof) and their elected and appointed officers, officials, employees, professional consultants and agents.

Owner(s) and Pyrotechnician hereby agree to indemnify, defend, and hold harmless the Township and its Boards, Commissions (including the individual members thereof), elected and appointed officers and officials, and employees, professional consultants and agents of and from any suit, damage, claim, liability, cost, loss and/or deficiency and all other costs and expenses incident to the defense of any claim, lawsuit, action or proceeding (including reasonable attorney fees, expert witness fees, and consulting fees) arising out of or relating to activities conducted in connection with this Application.

WITNESS / ATTEST:

OWNER(S)

BY: _____

WITNESS / ATTEST:

PYROTECHNICIAN

BY: _____

Title: _____

As representative of: _____

I verify that I am authorized to execute this application on behalf of the property owner named herein and further that the statements made in this application are true and correct. I understand that any false statements made herein are subject to penalty of 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities. I further understand that submission of false information may constitute grounds for revocation or denial of the application for fireworks display. I acknowledge that I have read and agree to comply with Township Ordinance No. 164 and the applicable State statute governing display fireworks.

Date

Signature of Applicant

Print Name

I verify that I am authorized to execute this application on behalf of the operator named herein and further that the statements made in this application are true and correct. I understand that any false statements made herein are subject to penalty of 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities. I further understand that submission of false information may constitute grounds for revocation or denial of the application for fireworks display. I acknowledge that I have read and agree to comply with Township Ordinance No. 164 and the applicable State statute governing display fireworks.

Date

Signature of Pyrotechnician

Print Name

Title: _____

As representative of: _____

TO BE COMPLETED BY TOWNSHIP:

APPROVAL	REVIEWED BY	DATE	FEES
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> Twp. Manager	_____	_____	_____
			Total \$_____

CONDITIONS OF APPROVAL:

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____

SIGNATURE OF TWP. OFFICIAL ISSUING PERMIT: _____

APPLICANT NOTIFICATION (Date & Method) _____