Bracebridge Fire Department

DISPLAY FIREWORKS
EVENT APPROVAL FORM

Name of Applicant (print): _____

Mailing Address: _____

_____

Phone: _____ **Email:** _____

Supervisor's Certificate Number: _____

Class: _____ **Expiry Date:** _____

Company (if applicable): _____

Mailing Address: _____

Phone: _____ **Email:** _____

Sponsoring Organization (if applicable): _____

Mailing Address: _____

_____

Phone: _____ **Email:** _____

<u>Pyrotechnics Display Event Location:</u>

Name of Event: _____

Location: _____

Property Owner: _____

GPS Coordinates (if available): _____

Date(s): _____

Time: _____

Insuring Agency: _____

Mailing Address: _____

_____

Phone: _____ **Email:** _____

Amount of Insurance Coverage: _____

Site Storage of Fireworks:

Location of Fireworks Storage on site:_____

Method of Fireworks Storage on site:_____

Signature of Supervisor in Charge: _____ **Date:**_____

General Requirements		
Copy of supervisor's certificate attached (front and back)	☐ Yes	☐ No
Copy of Certificate of Insurance attached	☐ Yes	☐ No
Emergency plan attached (may include firefighting, first aid services, fire watch procedures, etc.)	☐ Yes	☐ No
Site plan attached (shall include estimated audience numbers, emergency vehicle access routes, fallout zones)	☐ Yes	☐ No
Event description attached (shall include firing method):	☐ Yes	☐ No
List of pyrotechnics attached (shall include: Company, UN Number, Product Name, UN Class)	☐ Yes	☐ No
AHJ Requirements (determined after review of application)		
Site visit required	☐ Yes	☐ No
Demonstration of fireworks required	☐ Yes	☐ No
AHJ attending event	☐ Yes	☐ No

Permission of Local Authority Having Jurisdiction:

Name:	**Jonathan Taylor**
Title:	**Fire Prevention Officer**
Organization:	**Bracebridge Fire Department**
Address:	**225 Taylor Road, Bracebridge, ON P1L 1K1**
Phone:	**705-645-8258 ext. 3405**
E-mail:	**jbtaylor@bracebridge.ca**

Signature of Authority Having Jurisdiction: _____

Comments: _____