

# BARRETT TOWNSHIP SUPERVISORS



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BARRETT MUNICIPAL BUILDING  
993 ROUTE 390 • CRESCO, PA 18326  
www.BarrettTownship.com

## PUBLIC DISPLAY OF FIREWORKS APPLICATION

Applicants Full Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Business Name (If applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is applicant over the age of 21?: \_\_\_\_\_

### LOCATION OF FIREWORK DISPLAY

Proposed Location of Fireworks Display: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax Map ID No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

### OPERATOR AND FIREWORK INFORMATION

Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_

Type of Fireworks: \_\_\_\_\_ Number of Fireworks: \_\_\_\_\_

Net Explosive Weight in Pounds: \_\_\_\_\_ Name of Competent Operator: \_\_\_\_\_

Address of Operator: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. A copy of the license/permit for the Operator.
2. Proof of bond, no less than \$50,000, and insurance.
3. The **written consent** of the property owners wherein the display is proposed.
4. Requisite IFC Permit Application, Permit, and all other required State, Federal and/or County permits or licenses.
5. Include the requisite Bond pursuant to the Township's Ordinance. Attach the names, addresses and phone numbers of Principal Officers, Trustees, and or Directors if any, of the applicant.
6. Public Safety Plan depicting the location where the display will be conducted, including the site from which the fireworks will be discharged; the location of buildings, highways, overhead obstructions and utilities, and the lines behind which the audience will be restrained.

The firing crew shall conduct a post-display inspection, and an inspection of the fallout area for the purpose of locating unexploded aerial shells or lice components. This inspection shall be conducted before public access to the site shall be allowed. Where fireworks are displayed at night and it is not possible to inspect the site thoroughly, the operator or designated assistant shall inspect the entire site at first light. A report identifying any shells that fail to ignite in, or discharge from, a mortar or fail to function over the fallout area or otherwise malfunction shall be filed with the fire code official.

I declare under penalty of perjury that the above information contained herein is to the best of my knowledge and belief true and correct. I further declare that I have read the rules and regulations which concern public display of fireworks in Tobyhanna Township and will abide by the contents therein.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: \_\_\_\_\_ Cash/Check.: \_\_\_\_\_ Fee: \$250

Barrett Township Fire Chief: \_\_\_\_\_

Review of Plans: \_\_\_\_\_ Inspection of Site: \_\_\_\_\_

Public Safety Plan: Detailing location of where the display will be conducted, including the site from which fireworks will be discharged, location of buildings, highways, overhead obstructions and utilities, and the lines behind which the audience will be restrained.:

Written Consent of Owner: \_\_\_\_\_ Liability Insurance: \_\_\_\_\_

Bond no less than \$50,000.00: \_\_\_\_\_ Proof of IFC Submittal: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_