



Town of Islip  
Division of Fire Prevention  
**Office of the Fire Marshal**

24 Nassau Ave, Islip NY 11751  
Phone: (631)224-5477 Fax: (631)224-5458

Office Use - Received Date

## Fireworks & Pyrotechnic Display Permit

### Submission Requirements

1. Evidence of general liability insurance with a general aggregate limit of not less than \$4,000,000 and an occurrence limit of not less than \$2,000,000.
2. Diagram of the display area indicating the firework discharge point, location of buildings, roads, highways, parkways, railways, the lines behind which the audience will be restrained and the location of possible overhead obstructions.
3. Copy of worker compensation insurance and NYS Dept. of Labor pyrotechnician license.
4. Copies of letters of approval as required for the display location. (i.e. FAA approval, Coast Guard approval, Fish & Wildlife approval)

### Fee Schedule (Includes review & site inspection)

<input type="checkbox"/> Land Based Display	\$600.00	Valid for date of event/rain date only
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		
<input type="checkbox"/> Water Based Display	\$1,200.00	

### Critical Information

1. Front and rear of form must be completed
2. No display shall be started prior to onsite approval by the Fire Marshal

### For Office Use Only

Tax Map# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Receipt# \_\_\_\_\_

Approved Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved By: \_\_\_\_\_

Special Condition: \_\_\_\_\_

### Sponsoring Organization/Agent Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Display Location Information (if different from the sponsoring agent information)

Business Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

\_\_\_\_\_

### Contractor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

License Number: \_\_\_\_\_

### Property Owner Information (if different from the sponsoring agent information)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

False statements made on this form are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS Penal Law.

**Display Information**

Date of display: \_\_\_\_\_ Day of display: \_\_\_\_\_ Time of Display: \_\_\_\_\_  
 Rain Date: \_\_\_\_\_ Rain Date Time: \_\_\_\_\_

Number and types of pyrotechnics to be used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above listed fire works will be stored in \_\_\_\_\_ at \_\_\_\_\_ prior to the display.

**Personnel**

	Name	Age	Experience (years)	Physical Condition	License Number (when applicable)
1					
2					
3					
4					
5					

All personnel that will be involved with the display shall be listed on the permit application. If there is a change to the personnel, the contractor shall provide a legible list containing all of the information listed above for the personnel that will be involved in the display. The amended list shall be provided to the onsite Fire Marshal present for the display. Anyone not on the required list will not be allowed to enter the display site.

**Fire Protection Information**

The local fire department has been notified and agrees to provide the necessary fire protection for the entire duration of the display as required by the onsite Fire Marshal

Fire Department: \_\_\_\_\_

Name of Chief/Officer: \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Chief/Officer Date

**Affirmations**

\_\_\_\_\_  
 Signature of the **Property Owner**

\_\_\_\_\_  
 Signature of the **Contractor**

Notary Stamp & Signature

[ ]

Notary Stamp & Signature

[ ]

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