



PYROTECHNICS PERMIT APPLICATION

TOWN OF ISLIP FIRE MARSHALS OFFICE 24 NASSAU AVENUE, ISLIP, NY 11751 • (631) 224-5477 OR 5478 Fax (631) 224-5458

PERMITS REQUESTED:

FEE: \$600.00 Land based
\$1,100.00 Water based

- Fireworks Display Outdoor
- Fireworks Display Indoor (Pyrotechnics)

Fee Paid _____ Rec # _____

PROPERTY OWNER:

Name: _____

Address: _____

Telephone: _____

FOR OFFICE USE ONLY

Approved: _____ Expires: _____ Special Conditions: _____ _____ _____ _____ _____ _____
--

TENANT : (PHYSICAL ADDRESS)

Name: _____

Address: _____

Telephone: _____

NO DISPLAYS SHALL BE STARTED PRIOR TO APPROVAL BY THE FIRE MARSHALS OFFICE

PERMIT REQUIREMENTS ON REAR OF APPLICATION PLEASE READ BEFORE SUBMITTING

CONTRACTOR:

Name: _____

Address: _____

Telephone: _____

I swear that the application is a true and complete statement of all proposed work at the described premises, and that I have in effect all required insurances, including workers compensation insurance. I also state that all required State, County and Town of Islip required licenses are in place.
A permit shall expire one (1) year after date of issuance. Upon proper payment of fee, a permit may be renewed, but no more than (3) renewals.

AFFIRMATIONS

PROPERTY OWNER

NAME _____

Signature of Property Owner

CONTRACTOR Lic# _____

NAME _____

Signature of Contractor

Sworn to before me this _____
day of _____ 20____

Sworn to before me this _____
day of _____ 20____

Notary Public _____

Notary Public _____

PERMIT REQUIREMENTS

Fire Works Display

DISPLAY LOCATION:

Street _____ Side of Street (circle one): N E S W
Nearest Cross Street _____ Direction from (circle one): N E S W
Distance from Cross Street _____ If on corner (circle one): N E S W
Hamlet _____ Facility: _____

DISPLAY INFORMATION: Day: _____ Date: _____ Time: _____

SPONSORING ORGANIZATION NAME: _____

Address: _____ Telephone: _____

Contact Person(s): _____

Personnel Name	Age	Experience (years)	Physical Condition
1			
2			
3			
4			
5			

NUMBER AND TYPE OF FIRE WORKS: (list all types used)

These fireworks will be stored in _____ at _____ prior to the display.

DIAGRAM:

Attach a diagram of the grounds on which the display will be held, showing the point at which the fireworks are to be discharged, the location of the buildings, highways, and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby trees, telephone lines, and other obstructions. Distances shall be given in feet.

Liability Insurance:

No permit authorizing the display of fireworks shall be granted unless the applicant thereto furnishes evidence of commercial general liability insurance with a general aggregate limit of not less than \$4,000,000 and occurrence limit of not less than \$2,000,000.

FIRE PROTECTION:

Local Fire Department has been notified and agrees to provide the necessary fire protection for the entire duration of the event as required by the Fire Marshal on duty.

Fire Department: _____ Date: _____

Chief/Officer: _____ Signature: _____

PERSONNEL:

All personnel that will be involved with the fireworks display shall be listed on the permit application. If there is a change in personnel, the fireworks company shall provide the back portion of this application and type the personnel names that will be involved with the display that day and provide it to the Fire Marshal at the scene for approval. **ANYONE NOT ON THE LIST WILL NOT BE PERMITTED INTO THE SHOOT AREA.**

MAKE CHECKS PAYABLE TO THE TOWN OF ISLIP