

OFFICE OF CODE ENFORCEMENT/ BUILDING DEPARTMENT

VILLAGE OF SAG HARBOR
 55 MAIN ST.
 PO BOX 660
 SAG HARBOR, N.Y. 11963
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 kpayne@sagharborny.gov

APPLICATION FOR FIREWORKS DISPLAY PERMIT

EVENT SPONSOR	
NAME	_____
ADDRESS	_____
CITY/STATE/ZIP	_____
PHONE	_____

EXACT EVENT LOCATION	
LOCATION	_____
ADDRESS	_____
CITY/STATE/ZIP	SAG HARBOR, NY 11963
PHONE	_____

EVENT INFORMATION	
DATE AND TIME OF EVENT: _____	RAIN DATE AND TIME: _____
RESPONSIBLE PERSON ¹	OPERATOR ²
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE
	BATF EXPLOSIVES LICENSE/PERMIT # _____

LARGEST DIAMETER SHELL TO BE DISCHARGED:	NO. OF SHELLS TO BE DISCHARGED:	NUMBER OF MONITORS ³ :	NUMBER OF ASSISTANTS ⁴ :
SHELLS OVER 8" IN DIAMETER MUST BE FIRED ELECTRONICALLY FROM BEHIND A BARRICADE OR FROM A MINIMUM DISTANCE OF 75 FEET.		DISPLAY WILL BE FIRED: <input type="checkbox"/> MANUALLY <input type="checkbox"/> ELECTRONICALLY	

ALL PERSONS SHALL HAVE PHOTO IDENTIFICATION ISSUED BY THE PYROTECHNIC COMPANY AND VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION

¹RESPONSIBLE PERSON: An individual who has the power to direct the management and policies of the operator pertaining to explosive materials.
²OPERATOR: The person with overall responsibility for the safety, setup, and discharge of an outdoor fireworks display.
³MONITOR: A person designated by the sponsors of the display whose sole responsibility is to keep the audience in the intended viewing area and out of the discharge site and fallout area.
⁴ASSISTANT: A person who works under the direction of the operator to put on an outdoor fireworks display.

ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	

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LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	
ASSISTANT NAME	
DATE OF BIRTH	
LICENSE NO.	

PLEASE INDICATE THE MANNER AND PLACE OF STORAGE OF SUCH FIREWORKS PRIOR TO DELIVERY TO THE OUTDOOR FIREWORKS DISPLAY SITE:

ALL APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO DATE OF DISPLAY

CHECK BOXES NEXT TO ITEMS SUBMITTED WITH THIS APPLICATION:

- DIAGRAM OF THE GROUNDS, DEPICTING WHERE FIREWORKS ARE TO BE DISCHARGED, LOCATION OF ALL BUILDINGS, HIGHWAYS AND OTHER LINES OF COMMUNICATION, THE LINES BEHIND WHICH THE AUDIENCE IS TO BE RESTRAINED, AND THE LOCATION OF OTHER POSSIBLE OVERHEAD OBSTRUCTIONS
- SCHEDULE OF TYPE, QUANTITY AND SIZE OF ALL SHELLS TO BE DISCHARGED
- PROOF OF LIABILITY INSURANCE FROM THE SPONSOR
- PROOF OF LIABILITY INSURANCE FROM THE EMPLOYER
- PROOF OF WORKMAN'S COMPENSATION FROM THE EMPLOYER
- PROOF OF DISABILITY INSURANCE FROM THE EMPLOYER

IF ALL BOXES ARE NOT CHECKED THIS APPLICATION IS INCOMPLETE

DISPLAYS SHALL COMPLY WITH PL 405 AND NFPA 1123	
EVENT SPONSOR	PYROTECHNIC CONTRACTOR
SIGNATURE:	SIGNATURE:
NAME:	NAME:
DATE:	DATE:

DEPARTMENT USE ONLY	FIRE CHIEF <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	CODE OFFICER <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
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