

BARRETT TOWNSHIP SUPERVISORS



1200 ROUTE 390 • CRESCO, PA 18326
www.BarrettTownship.com
Phone: 570-595-2602

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: \$300

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: _____