



CLEARVIEW

PUBLIC FIREWORK DISPLAY PERMIT

Applicant Company or Organization:
Address:
Tel#
Full Name of Agent/Responsible Person or Contact Person:
Tel# Cell#
Address:

EVENT

Type of Display:

1. Includes fireworks NOT defined in Class 7 Division 2 Subdivision 2 of the Explosive Regulations made pursuant to the Explosives Act: Y N.

**2. Includes fireworks DEFINED in Class 7 Division 2 Subdivision 2 of the Explosive Regulations made pursuant to the Explosives Act. Y N
(Permit Fee Schedule: 1. \$50.00 2. \$150.00)**

Time and Date(s):

Alternate Time and Date(s):

Name (if any) and Address of Location:

Owner of Land:

Tel#:

Cell #:

Signed Written Permission of Land Owner to be attached including date of letter and date of event: Attached: Y N

INSURANCE COVERAGE:

(Applicant has to provide proof of insurance coverage in the sum of \$5 million, naming the Township of Clearview as an additional insured.)

Insurance Company:

Policy #:

Date(s) of Coverage:

(Please Attach Copy of Certificate of Insurance)

FIREWORKS TECHNICIAN

Full Name:

Address:

Tel#

Cell #

Certification: Fireworks Supervisor Level I _____

Fireworks Supervisor Level II _____

(Attach copy of Certification as per display type)

Signature of Applicant:	Dated:
Permit Issued / Denied:	Dated:
Signed: _____	Dated:
Fire Chief or Designate	

SITE PLAN

Required to show with dimensions;

1. the location of the proposed public fireworks display, and
2. the access to be provided for fire and emergency vehicles. and
3. the free zone area of clear distance between the point of launch and an occupied area.
(Also append a statement of the safety measures being implemented.)