



Pyrotechnic Fireworks Event Approval Form

Name of Applicant (*printed*): _____

Mailing address: _____

Telephone: _____ Cell phone: _____

Fax: _____ E-mail: _____

Supervisor's certificate number: _____

Class: _____ Expiry date: _____

Company (*if applicable*):

Name: _____

Mailing address: _____

Telephone: _____ Cell phone: _____

Fax: _____ E-mail: _____

Sponsoring Organization (*if applicable*):

Name: _____

Mailing address: _____

Pyrotechnics Display Event Location:

Event location: _____

GPS coordinates (*if available*): _____

Date/s: _____

Insuring Agency:

Name of insuring agency: _____

Mailing address: _____

Telephone: _____ Fax: _____

E-mail: _____

Amount of insurance coverage: \$ _____

Site Storage of Fireworks:

Location of fireworks storage on site: _____

Method of fireworks storage on site: _____

Signature of Supervisor in Charge: _____

Date: _____

Copy of supervisor's certificate attached (*front and back*): Yes No

Copy of proof of insurance: Yes No

Emergency plan attached (*may include firefighting, 1st aid services, fire watch procedures, etc.*): Yes No

Site plan attached (*shall include estimated audience numbers, emergency vehicle access routes, fallout zones*): Yes No

Event description attached (*shall include firing method*): Yes No

List of pyrotechnics attached (*shall include: Company, UN Number, Product Name, UN Class*): Yes No

AHJ Requirements *(determined after review of application):*

Site visit required: Yes No
Demonstration of fireworks required: Yes No
AHJ attending event: Yes No

Permission of Local Authority Having Jurisdiction:

Name: _____ Title: _____

Organization: **Huntsville/ Lake of Bays Fire Department**

Address: **37 Main St. East, Huntsville, ON P1H 1A1**

Telephone: **705-789-5201** Fax: **705-787-3288**

E-mail: fire.inspector@huntsville.ca _____

Signature of Authority Having Jurisdiction: _____

Comments: _____

