



# PUBLIC DISPLAY OF FIREWORKS APPLICATION

105 Government Center Way  
Pocono Pines, PA 18350  
Phone: 570-646-1212  
Fax: 570-646-9025  
www.tobyhannatownshippa.gov

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name (if applicable): \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Is the applicant over the age of 21?: \_\_\_\_\_

### LOCATION OF FIREWORKS DISPLAY

Proposed Location of Fireworks Display: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing 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: \_\_\_\_\_  
New 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 \$1,000,000.00, 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 Tobyhanna Township's ordinances. 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 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: \_\_\_\_\_

### NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: \_\_\_\_\_ Cash/Check No.: \_\_\_\_\_ Fee: \$250 \_\_\_\_\_

Tobyhanna Fire Chief/Fire Code Official: \_\_\_\_\_

Review of Plans: \_\_\_\_\_ Inspection of Site: \_\_\_\_\_

Public Safety Plan: Detailing location where the display will be conducted, including the site from which fireworks will be discharged, the 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 \$1,000,000.00: \_\_\_\_\_ Proof of IFC Submittal: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_