

SCHEDULE "A"

FIREWORKS BYLAW

CITY OF PORT ALBERNI

DISPLAY FIREWORKS EVENT PERMIT APPLICATION

Part 1 – Application

A. Fireworks Supervisor:

Name: _____

Fireworks Supervisor Operator certificate #: _____ Expiry Date: _____

Company Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Email: _____

B. Sponsoring Organization:

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Fax: _____

Email: _____

Contact Person: _____ Contact Telephone: _____

Location of Display: _____

Date of Display: _____ Hours of Display: _____

Rain Date (if applicable): _____

Signature: _____ Date: _____

Fireworks Supervisor in Charge of Event

Part 2 – Required Information

Please include the following:

1. Written permission from the Owner of the venue where the Fireworks Event is to be held.
2. Site plan, drawn to scale, with the direction of firing, separation distances, position of ramps and mortars, any significant ground features, rights of way, buildings or structures, overhead obstructions, parking areas or spectator viewing areas, fallout zone, north arrow, traffic control plans and location of emergency vehicles indicated.
3. A complete list and description of all products to be used including charge size, effects and manufacturer's name.
4. A description of the firing system to be used.
5. A written copy of the Fire Safety Plan.
6. Where, and in what fashion, will the fireworks be stored within City limits

Note: Upon request by the Port Alberni Fire Department, a demonstration of the product(s) to be used may be required.

Note: Upon request by the Port Alberni Fire Department, references from previous Fireworks Events may be required.

Note: Schedules "B", "C", and "D" must be completed and attached to this application. Applicant will be required to provide proof of insurance in accordance with Schedule "E" and will be required to provide evidence of such insurance to the satisfaction of the City, prior to receiving the permit under this bylaw.

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement of the Fireworks Regulation Bylaw No. 4819. The information is collected under the authority of Freedom of Information Bylaw No. and the *Community Charter*. If you have any questions about this collection, please contact the City Clerk, City of Port Alberni, (250) 720-2810.

Part 3 – Approval by Authority Having Jurisdiction

Pursuant to Fireworks Regulation Bylaw, 2013, No. 4819

The applicant has complied with local requirements and is permitted to display fireworks at the location, date and time noted above as per the site plan and written event description submitted with this application.

Expiration Date of Permit: _____ Expiration Time of Permit: _____

Signature: _____ Date: _____

Name of Approving Officer: _____ Rank: _____