



## Fire Services

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A Division of the Fire/Emergency Management Department  
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FROM: Raymond L. Echevarria  
Wake County Fire & Emergency Management Director

Attached you will find an application for a Fireworks Discharge Permit. **PLEASE ALLOW FIVE (5) WORKING DAYS FOR PROCESSING.** If you have any questions, please feel free to contact us.

### ITEMS REQUIRED PRIOR TO PERMIT ISSUANCE:

1. All blanks must be completed on the application.
2. The Permit Holder is required to obtain liability insurance in an amount sufficient to cover the claims of any person(s) who may be injured or otherwise damaged as a result of the display. The insurance must name Wake County as an additional insured and a copy of the Certificate of Insurance evidencing the coverage must accompany the application.
3. Include a detailed site plan indicating the discharge and storage locations and distances.
4. Include the manufacturer's technical data sheet of each type of pyrotechnics to be discharged.

### SECTION EXPLANATION:

- Section I: Information on the person, group, corporation, association, or entity sponsoring, holding, or primarily responsible for the event.
- Section II: Information on the Display Operator and assistants.
- Section III: Information on the actual display.
- Section IV: Public Safety Information. (Name of fire district where the discharge will take place, address of the nearest fire station, and name and location of the nearest medical facility.)
- Section V: Notarization of the application. **(APPLICATION SIGNATURES MUST BE NOTARIZED.)**
- Section VI: Fire Department Comments. (This must be completed by the Chief of the local fire department representing the district where the discharge will take place.)
- Section VII: For Wake County Fire Services use only.
- Section VIII: Fireworks Permit Number.

**THE FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF THE PYROTECHNICS.**

**Wake County**  
**Application for Fireworks Discharge Permit**

Section I

**IMPORTANT: THIS APPLICATION MUST BE RETURNED NO LATER THAN FIVE (5) WORKING DAYS PRIOR TO EVENT TO ENSURE PERMIT PROCESSING.**

PLEASE TYPE OR PRINT

**APPLICANT INFORMATION:** (Note: The applicant is the person, group, corporation, association, or other entity sponsoring, holding or primarily responsible for the event or enterprise for which this permit is requested.)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ home

Address: \_\_\_\_\_ work

\_\_\_\_\_  
\_\_\_\_\_

For a corporate applicant, indicate the name and address of the registered agent for service of process:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

President or  
CEO: \_\_\_\_\_

Indicate whether the applicant is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES \_\_\_\_\_ NO \_\_\_\_\_

If covered, specify the source, amount, and coverage period of the insurance:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Coverage  
Period: \_\_\_\_\_

Section II

**DISPLAY OPERATOR INFORMATION:** (Note: This is to be completed by the individual who will shoot and/or discharge the fireworks or pyrotechnics.)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ home

Address: \_\_\_\_\_ work

\_\_\_\_\_

\_\_\_\_\_

Display Operator Permit Number (NC OSFM) \_\_\_\_\_

Bureau of Alcohol, Tobacco and Firearms permit/license type and no.: \_\_\_\_\_

Specify Pyrotechnicians' training and experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES \_\_\_\_\_ NO \_\_\_\_\_

If covered, specify the source, amount, and coverage period of the insurance:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Coverage

Period: \_\_\_\_\_

Assistant Display Operators \_\_\_\_\_ Permit # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On-site Assistants

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Section III

**DISPLAY INFORMATION:** (Note: Indicate who provided this information:)

Applicant: \_\_\_\_\_ Technician: \_\_\_\_\_ Both: \_\_\_\_\_

Indicate the type of display event:

Carnival: \_\_\_\_\_ Exhibition: \_\_\_\_\_ Fair: \_\_\_\_\_

Public Celebration: \_\_\_\_\_ Other: \_\_\_\_\_

Proposed day and time of the event: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Proposed location or site: \_\_\_\_\_

Specify the type and quantity of the fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:

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Estimated duration of the display: \_\_\_\_\_

Specify any safety precautions to be taken: \_\_\_\_\_

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Specify how fallout area will be inspected for unexploded or live components (This inspection shall be conducted prior to any public access): \_\_\_\_\_

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Section IV

**PUBLIC SAFETY INFORMATION:**

The display will occur within the following fire district: \_\_\_\_\_

Location of the nearest fire station: \_\_\_\_\_

Name and location of the nearest medical facility:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Section V

I certify under penalty of perjury that the foregoing information which I have provided is true and accurate to the best of my personal knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Display Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Sworn to and subscribed before  
me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

Sworn to and subscribed before  
me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_

My commission expires:  
\_\_\_\_\_

Section VI

**FIRE DEPARTMENT COMMENTS:** (Note: To be completed by the local fire department representing the district in which the discharge will take place.)

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Recommendation:

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Section VII

**FOR OFFICE USE ONLY**

**FIRE MARSHAL COMMENTS:** \_\_\_\_\_

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**FINAL APPROVAL:**      Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_

Conditional approval and/or special conditions: \_\_\_\_\_

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Section VIII

Fireworks Permit No. \_\_\_\_\_

**Permit applications may be submitted in person weekdays from 8:30 a.m. to 5:00 p.m., or mailed to:**

Wake County Finance  
Wake County Office Building – 9<sup>th</sup> Floor  
337 S. Salisbury Street  
Raleigh, NC 27601  
**Accounts.Receivable@wakegov.com**

Permit fee - \$100.00 per display

**Finance Department Use Only:**

Date Received:	Check #:	Receipt #:
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