

Peter G. Barber
Town Supervisor

Lynne M. Buchanan
Town Clerk

TOWN OF GUILDERLAND
ALBANY COUNTY, ROUTE 20
P.O. BOX 339
GUILDERLAND, N.Y. 12084-0339
(518) 356-1980
FAX: (518) 356-3955



APPLICATION FOR PUBLIC FIREWORKS DISPLAY

Instruction Page:

Fee: a non-refundable fee of \$125.00 is required for all permits. Checks are to be submitted with application and made payable to the Town of Guilderland. Cash will not be accepted. Failure to provide the required documentation and fee will result in denial of application.

All applications must have the following documentation attached: (prior to submitting application)

- A complete application
- A check payable to the Town of Guilderland in the amount of \$125.00
- Certificate of Liability Insurance
- Copy of NYS Department of Motor Vehicle driver's license
- Federal Explosive License/Permit
- Copy of license to deal in or manufacture explosives
- Copy of NYS Workers Compensation Board
- Certificate of Workers' Compensation Insurance (if applicable)
- Detailed Map of the Display Site

The office of the Town of Guilderland reserve the right to require additional documentation as necessary.

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APPLICATION FOR PUBLIC FIREWORKS DISPLAY

Application for the Public Display of Fireworks
Must be made at least fifteen (15) days in advance of the display.

APPLICATION IS HEREBY MADE to the Town Clerk for the issuance of a Fireworks Display Permit pursuant to the N.Y. State Penal Law, Article 405 and the N.Y.S. Uniform Fire Prevention and Building Code. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

All fields below are required, and failure to answer any field below will result in the application being returned unprocessed. Upon receipt of such application, the Chief Fire Inspector and the Chief of the Fire District in which the proposed display will be conducted shall investigate the site for the purpose of determining fire safety regulations.

The name of the body sponsoring the display: _____				
Address: _____				
Street Address		City	State	Zip
Phone #: _____	Fax #: _____	E-Mail: _____		
Company Name			Date	

PLEASE NOTE: At Least two competent and physically fit operators are constantly on duty during the discharge. All persons in actual charge of firing the fireworks shall be over eighteen (18) years of age.

OPERATOR AND ASSISTANT INFORMATION				
Display Operator				
Name: _____		Phone: _____	Age: _____	
Address: _____				
Street Address		City	State	Zip
Years of experience: _____		Physical characteristics: _____		
NYS D.O.L. License #: _____		Expires: _____		
Operator Assistant				
Name: _____		Phone: _____	Age: _____	
Address: _____				
Street Address		City	State	Zip
Years of experience: _____		Physical characteristics: _____		

FIREWORK DISPLAY INFORMATION

Date of display: _____ Time of Display _____

Location of the display: _____
Street Address City State Zip

The number of fireworks to be discharged: _____

The kind of fireworks to be discharged: _____

FIREWORKS STORAGE ADDRESS PRIOR TO THE DISPLAY

The manner and place of storage of such fireworks before the display: _____

Street Address City State Zip Code

NOTE: If fireworks are delivered direct to the display site, indicate the date they will be delivered _____
Date

FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION

Dept. Name: _____

Address: _____
Street or PO Box City State Zip Code

Phone #: _____ Fax #: _____ E-Mail: _____

Authorized Signature _____ Print Name _____

Site Inspection Conducted Yes No Two approved fire extinguishers: Yes No

Date: _____ Inspector Signature: _____

Comments: _____

FIRE AUTHORITY AND LAW ENFORCEMENT SIGNATURES FOR DISPLAY SITE

Chief Fire Inspector	Chief of the Fire District
Dept. Name: _____	Dept. Name: _____
Address: _____	Address: _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
E-Mail: _____	E-Mail: _____
Print Name _____	Print Name _____
Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	Site Inspection Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	Date: _____
Signature: _____	Signature: _____

PROOF OF INSURANCE

A bond or an indemnity insurance policy with liability coverage and indemnity protection in the amount of \$1,000,000.00 must be filed with the Town, conditioned for the payment of all damages, which may be caused to a person or persons or property, by reason of display so permitted and arising from any acts of the permittee, his agents, employees, contractors or subcontractors. The Town of Guilderland must be named insured on such policy.

COMPLETE A DETAILED MAP OF THE DISPLAY SITE SHOWING THE FOLLOWING

1. **Fall-Out Area:** the area over which aerial shells are fired. The shells burst over this area, and unsafe debris and malfunctioning aerial shells fall into this area. The fall-out area is the location where a typical aerial shell dud will fall to the ground considering wind and the angle of mortar placement. At a minimum, the fall-out area shall be the required separation distance based on the table of distance as required.

2. **Discharge Site:** the area immediately surrounding the area where fireworks are ignited for an outdoor display. Include all dimensions of the discharge site. No fireworks display shall be held during any wind storm in which the wind reaches a velocity of more than 30 miles per hour.

3. **Display Site:** the immediate area where a fireworks display is conducted and shall include the discharge site, the fallout area, and the required separation distance from the fireworks discharge site to spectator view areas. The display site does not include spectator view areas or vehicle parking areas.

4. **Distance:** from point of discharge to spectator, overhead obstructions, buildings, highways, parking areas. Show distance in feet.

- Any unfired fireworks after the display are concluded shall be immediately disposed of in a way safe for the particular type of fireworks remaining.
- A non-refundable fee of \$125.00 will accompany this application.
- This permit is not transferable

Applicant's Name

Date

Applicant's Signature

Applicant's Phone Number

Company Address

OFFICE USE ONLY

Fee Amount \$: _____ Date Paid / Check Number: _____

Application of: _____

Is hereby: Approved Denied

Reason for DENIAL of permit: _____

Date

Code Enforcement Official