



OFFICE OF THE BUILDING INSPECTOR

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*ERIK ASHEIM,
ACTING BUILDING INSPECTOR*

*STEPHEN UNGERLEIDER,
CHIEF FIRE SAFETY INSPECTOR*

FIREWORKS DISPLAY PERMIT

Permit Fee: **\$100.00**

Date: _____

The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Clarkstown and laws of New York State. **Fireworks display shall comply with requirements of NFPA 1123 and 1126 and NYS Penal Code 405.**

DISPLAY DATE: _____

RAIN DATE: _____

SITE DATA:

Street Address: _____

(A) Sponsor of the show

Name: _____

Address: _____

Phone: _____ Cell #: _____

Contact Person: _____ Email Address: _____

Display Company: _____

Company Name: _____

Address: _____

Phone: _____ Cell #: _____

Contact Person: _____ Email Address: _____

NYS Dept. of Labor Explosives License # _____ Expires: _____

Operator – Name of the certified pyrotechnicians, who will be in charge of the display

Name	Certificate #	Expires
_____	_____	_____

Authorized Assistants: Names of the individuals, who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Name	Certificate #	Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue in a separate sheet, if necessary)

(B) Display Date/Times: _____ Expected Duration: _____

(C) Display Location: _____

(D) Display Content: _____

(E) How will fireworks be stored prior to display: _____

(F) If rained out how will fireworks be stored: _____

(G) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of and distance to: all buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.

(H) Proof of Insurance or Bond (Minimum Five Million (\$5,000,000.00) Dollars). *Please attach a copy of the policy certificate or other proof of insurance or Bond conditioned for payment of all damages which may be caused to a person(s) or to property by reason of the display so permitted and arising from any action of the permittee, its agents, employees, contractors or subcontractors.* Such bond shall run to the Town of Clarkstown and shall be for the use and benefit of any person(s) or any Owner(s) of such property so injured or damaged and such bond shall provide that such person(s) shall have the right to maintain an action thereon which right action shall accure to their heirs, executors, administrators, successors or assigns. In lieu of the bond, an indemnity insurance policy of the same coverage and containing the same terms and conditions as the bond will be accepted.

(I) MINIMUM REQUIREMENTS:

- Two charged and tagged water fire extinguishers must be on site during preparation and presentation
- Minimum of two fireworks contractors present during shoot, no unnecessary personnel can be present
- No Fireworks Displays if wind speed exceeds 30MPH
- No alcoholic beverages within firing zone
- Call Fire Inspector for pre-show inspection
- Search firing and landing area on the morning after the display for unexploded shells.
- Provide an Emergency Action Plan/Incident Action Plan to the Emergency Management Coordinator of the Town.

I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements made in this permit application are subject to the applicable versions of the NYS Penal Law. I understand that a Fireworks Display Permit granted and issued by the Town of Clarkstown is NOT TRANSFERABLE.

Signature of Applicant

Permit # _____

Tax Map # _____

Zone: _____

Remapped SBL # _____

Fee: \$100.00

Receipt Date: _____

Receipt # _____

Approved: _____ Date: _____

Disapproved: _____ Date: _____

BUILDING INSPECTOR