

# Application for Fireworks Permit

TOWN OF JOHNSON, VERMONT

P.O. Box 385, Johnson, Vt. 05656

802.635.2611

Date Submitted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Purpose for Fireworks Permit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Fireworks: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Rain Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Physical Location of Fireworks Display: \_\_\_\_\_

Location of Fireworks Storage: \_\_\_\_\_

How will fireworks be stored: \_\_\_\_\_

Type and Quantity of Fireworks: (Acceptable Measures of Quantity: Pounds or Number of Pieces)

1.3 (Class B/Display) \_\_\_\_\_

1.4 (Class C/Consumer) \_\_\_\_\_

Company or Individual Providing Display: \_\_\_\_\_

If using 1.3/Class B:

BATFE License #: \_\_\_\_\_ BATFE License Type \_\_\_\_\_

By signing below I affirm that the Fireworks display will be conducted according to NFPA #1123 regulations regarding site selection, storage and performance; and the guidelines established by the Town of Johnson.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Office Use Only

Approval of Fire Chief \_\_\_\_\_ Date \_\_\_\_\_

Approval of LCSD \_\_\_\_\_ Date \_\_\_\_\_

Approval of Selectboard \_\_\_\_\_ Date \_\_\_\_\_

# PERMIT FOR FIREWORKS *APPLICATION PACKET*

The right to grant permission for shooting fireworks resides with the Selectboard of the Town of Johnson. You must **read and agree** to **ALL** of the following guidelines below before submitting your request to the Town of Johnson for approval.

1. Applications must be submitted to the Town Office not less than **20 days** before the date of the Selectboards normal (or re-scheduled) monthly meeting. Applicants shall provide written notice to all adjacent property owners not less than 30 days prior to the Selectboard's regular or re-scheduled monthly meeting (third Monday of each month). The notice shall include: date of display, times of display and physical location of display, where the full application can be viewed and the date of the Selectboard meeting where the application will be acted on. Applications shall not be complete without proof that the applicant has provided the required written notice to all adjacent landowners. Acceptable means of proof are return receipt cards by mail or executed acceptance of service form provide with application packet. Any public concerns can be addressed to the Municipal Manager's Office or to the Selectboard meeting where action to approve or disapprove will be made.
2. All applications shall be accompanied by a Certificate of Insurance naming the Town of Johnson as an additional insured for the display.
3. An application fee of \$50.00 must accompany this form.
4. Requests may be made for one (1) calendar-year day only per application. One alternative rain date is allowed.
5. You must notify the: following Officials the day of your display
  - a. Fire Chief Arjay West 635-7904 cell 730-2023
  - b. Lamoille County Sherriff's Department Dispatch (888-3502)
6. All fireworks displays must end prior to 11:00P.M. EST.
7. Proof of ATF License must be on file with the Sheriff's Dept. to conduct a 1.3 (Class "B") fireworks display.
8. Approved Permit must be available at all times during the exploding of the fireworks and must be shown to any Enforcement Officer upon request.
9. All displays must conform with National Fire Protection Association Code 1123 and must provide a written plan and map demonstrating that the display will conform with the setbacks and safety requirements of the code. See checklist,

## CHECKLIST

All items on this checklist MUST be addressed by a written plan with a detailed site map which address all below items and any other requirements of NFPA 1123.

Sitemaps must show property lines, dwelling and building locations, list adjacent property owners and addresses, distance to adjacent property residences and building, distance from display to property lines, delineate as a radius the discharge area, fall out area and spectator areas and any other information required by NFPA code 1123

### **NFPA 1123 Display Area**

Is display area adequate? Requires 70' radius for each 1" of mortar shell diameter. No spectators, dwellings or parking may be within the display area. Delineate on a map to scale.

### **NFPA 1123 Discharge Area**

What is the distance from discharge area to spectators? Delineate on scale map.

What security will be provided to keep spectators at proper distance?

Do you have at least 25' of clear zone to any overhead objects for shell trajectory?

Do you have at least 75' of clearance between spectators and parking areas and any ground based displays?

What is your method of storing fireworks before and during displays?

### **NFPA 1123 Fall Out Area**

Do you have an adequate fall out area as defined n NFPA 1123, including insuring that no spectators, vehicles or combustible materials are located within the fall out area?

### **NFPA 1123 Emergency Services**

Have you made arrangements for fire protection, fire apparatus and emergency medical services to access your display area?

What are your plans for monitoring and enforcing crowd control and for observing falling debris and communicating with fire services?

### **Clean Up**

What are your plans for cleaning up the site following the display?

What are your plans for handling unexploded shells or displays?

**TOWN OF JOHNSON MUNICIPAL OFFICES  
FIREWORKS PERMIT  
CERTIFICATE OF SERVICE**

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I, \_\_\_\_\_, certify that \_\_\_\_\_, the permit applicant has provided me a notice of the time date, and location of a proposed fireworks display, location where application can be viewed, as well as the date time and place of the meeting when this permit will be acted on by the Selectboard.

By signing this certification, I am not making any representations about my agreement with the issuance of a fireworks permit. I am only indicating I have been made aware of the permit application.

Dated: \_\_\_/\_\_\_/\_\_\_\_\_

**NOTICE OR FIREWORKS DISPLAY PERMIT APPLICATION**

Applicant name: \_\_\_\_\_

Location of fireworks display: \_\_\_\_\_

Time and date including rain date of display: \_\_\_\_\_

Place where application can be viewed: \_\_\_\_\_

Date of Selectboard Meeting when application will be reviewed: \_\_\_/\_\_\_/\_\_\_\_\_

(Meetings are on the third Monday of each month unless otherwise posted, at the Municipal Office Building)