



JAY VOLUNTEER FIRE DEPARTMENT

STATION 1

157 REVIER FLAT ROAD

JAY, VERMONT 05859-9426

PHONE - 802-988-4734

Fireworks Display Permit

Date: _____ Permit Number: _____

Site Address: _____

Display Date and Time: _____

Sponsoring Organization Information: _____

Name/Company: _____ Phone No.: _____

Contact Person (Print): _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Display Contractor Information: _____

Company: _____ Phone No.: _____

Contact Person (Print): _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervising Operator: _____

Name: _____

Manner and Place of Storage of Fireworks/Pyrotechnic Special Effects Prior to Display: _____

Type and Number of Fireworks/Pyrotechnic Special Effects to be Discharged: _____

Required Attachments:

1. Permit Fee (Non-Refundable): \$150. Make payable to Jay Volunteer Fire Department
2. Certificate of Insurance for a minimum of \$1.5 million listing the Town of Jay as an additional Insured. Please include a copy with your application.
3. Plan for the use of Pyrotechnics. (Recommended by NFPA 1123) Incomplete plans will be rejected.

This permit application shall be submitted a minimum of 15 days prior to the display date. Permit shall be valid for the date(s) issued.

Any fireworks displays are governed by Vermont Statute (20 V.S.A. 3131, 3132 & 3135)

I hereby apply for a Fireworks – Outdoor Display Permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes for the Town of Jay, Jay Volunteer Fire Department and the Vermont Division of Fire Safety Codes and NFPA Standards; that I understand this is not a permit but only an application for a permit and the display shall not start without a permit; that the display will be in accordance with applicable ordinances and codes.

Signature

Date

For Office Use Only

Permit Restrictions:

Permit Approved By:

Date Approved:

Fire Department

Pyrotechnic Plan – Required Contents

National Fire Protection Association Standard 1123 – Code for Fireworks Display (2010 Edition) Annex C recommends that the application for a permit submit a written plan for the use of pyrotechnics. The minimum contents of the plan are as follows:

1. The name of the person, group, or organization sponsoring the production.
2. The date and time of day of the production.
3. The exact location of the production.
4. The name of the person actual in charge of firing the pyrotechnics (i.e. the pyrotechnics operator).
5. The number, names and ages of all assistants who are to be present.
6. The qualifications of the pyrotechnic operator.
7. The pyrotechnics experience of the operator.
8. Confirmation of any applicable state and federal licenses held by the operator.
9. Evidence of the permittee’s insurance carrier or financial responsibility.
10. The number and types of pyrotechnic devices and materials to be used, the operator’s experience with those devices and effects, and a definition of the responsibilities of the assistants.
11. A diagram of the facilities where the production is to be held. This diagram shall show the point at which the pyrotechnic devices are to be fired, the fallout radius for each pyrotechnic device used in the performance, and the lines behind which the audience shall be restrained.
12. The point of on-site assembly of pyrotechnic devices.
13. The manner and place of storage of the pyrotechnic materials and devices.
14. A material safety data sheet (MSDS) for the pyrotechnic material(s) to be used.

CERTIFICATE OF INSURANCE

ISSUE DATE 1/23/2015

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR LATER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURER(S) AFFORDING COVERAGE
	INSURER A:
INSURED	INSURER B:
	INSURER C:
	INSURER D:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
A	GENERAL LIABILITY CLAIMS MADE GEN'L AGGREGATE LIMIT APPLIES PER POLICY				EACH ACCIDENT \$																				
					MEDICAL EXP (Any one person) \$																				
					FIRE LEGAL LIABILITY \$																				
					GENERAL AGGREGATE \$																				
					PRODUCTS-COMP/OPS AGG \$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ANY OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
	EXCESS LIABILITY FOLLOWING FORM				EACH ACCIDENT \$ AGGREGATE \$																				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">WC STATUTORY LIMITS</td> <td style="width: 30%;">OTHER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td colspan="3">E.L. EACH ACCIDENT</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3">E.L. DISEASE-EA EMPLOYEE</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3">E.L. DISEASE-POLICY LIMIT</td> <td style="text-align: center;">\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER					\$		E.L. EACH ACCIDENT			\$	E.L. DISEASE-EA EMPLOYEE			\$	E.L. DISEASE-POLICY LIMIT			\$
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The Jay Volunteer Fire Department and the Town of Jay are Additional Insured in respects to the "insert display date" aerial fireworks display located at "insert display location".

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE