



**CHARLOTTE FIRE DEPARTMENT
FIRE PREVENTION BUREAU**

Rev. 2/19/15

Pyrotechnic Indoor/Outdoor Use Application

Applicant Information

This is the name of the company in charge of the display.

Company Name:	Phone:
Street Address:	
City and State:	Zip Code:

Display Location, Type and Date

This is the address of the display site or venue. If open area (i.e. aerial display), indicate address of building on property.

Business Name:	
Business Address:	
Display Date(s):	Type of Display: <input type="checkbox"/> Indoor/Stage <input type="checkbox"/> Outdoor/Aerial

Display Operator Information

Indicate name and contact number of all display operators that will be on site. Provide additional names on separate sheet.

Display Operator:	Ph:
Assistant:	Ph:
Assistant:	Ph:

Additional Requirements

In accordance with *North Carolina General Statute 14-410*, effective February 01, 2010, it shall be permissible for pyrotechnics to be exhibited, used, handled and discharged within the State provided that:

- (1) The exhibition, use, or discharge is at a concert or public exhibition;
- (2) All individuals who exhibit, use, handle, or discharge pyrotechnics in connection with a concert or public exhibition have completed the training required under G.S. 58-82A-2 and are under the direct supervision and control of a display operator who holds a display operator permit issued by the State Fire Marshal under G.S. 58-82A-3. The display operator must be present at the concert or public exhibition and must personally direct all aspects of exhibiting, using, handling, or discharging the pyrotechnics.

Acknowledgement

I certify that all information contained herein and submitted with this application is true and accurate and that all display operators and their assistants have completed the required training and certification in accordance with the State Fire Marshal's Office. I further acknowledge that the fire official has the authority to prevent any pyrotechnic discharge for unsafe and non-compliant practices.

Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Mail completed permit application, check, and all other required documentation to:

Charlotte Fire Department – FPB, 500 Dalton Avenue, Charlotte, NC 28206 (Questions? 704-336-2101)

CFD Office Use

Code: _____ Fee: \$ _____ Ck. # _____ Valid ____/____/____ to ____/____/____ Permit #: _____

Issued By: _____ Entered By: _____ Entry Date: ____/____/____