



Bracebridge Fire Department

**PYROTECHNIC FIREWORKS
EVENT APPROVAL FORM**

Name of Applicant (print): _____

Mailing Address: _____

Phone: _____ **Email:** _____

Supervisor's Certificate Number: _____

Class: _____ **Expiry Date:** _____

Company (if applicable): _____

Mailing Address: _____

Phone: _____ **Email:** _____

Sponsoring Organization (if applicable): _____

Mailing Address: _____

Phone: _____ **Email:** _____

Pyrotechnics Display Event Location:

Name of Event: _____

Location: _____

Property Owner: _____

GPS Coordinates (if available): _____

Date(s): _____

Time: _____



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Insuring Agency: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Amount of Insurance Coverage: _____

Site Storage of Fireworks:

Location of Fireworks Storage on site: _____

Method of Fireworks Storage on site: _____

Signature of Supervisor in Charge: _____ **Date:** _____

General Requirements

Copy of supervisor's certificate attached (front and back) Yes No

Copy of Certificate of Insurance Yes No

Emergency plan attached (may include firefighting, first aid services, fire watch procedures, etc.) Yes No

Site plan attached (shall include estimated audience numbers, emergency vehicle access routes, fallout zones) Yes No

Event description attached (shall include firing method): Yes No

List of pyrotechnics attached (shall include: Company, UN Number, Product Name, UN Class) Yes No

AHJ Requirements (determined after review of application)

Site visit required Yes No

Demonstration of fireworks required Yes No

AHJ attending event Yes No



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Permission of Local Authority Having Jurisdiction:

Name: Kevin Plested
Title: Fire Prevention Officer
Organization: Bracebridge Fire Department
Address: 225 Taylor Road, Bracebridge, ON P1L 1K1
Phone: 705-645-8258 ext. 3403
E-mail: kplested@bracebridge.ca

Signature of Authority Having Jurisdiction: _____

Comments: _____

