



NORTH FRANKLIN TOWNSHIP  
345 FRANKLIN FARMS ROAD, WASHINGTON, PA 15301  
PHONE: 724-228-3330 | FAX: 724-228-2150 | NORTHFRANKLIN.ORG

## APPLICATION FOR FIREWORKS DISPLAY

### Part 1 – Application / Display

#### APPLICANT INFORMATION:

**NOTE:** Accuracy of application information is the responsibility of the sponsoring person or organization even if submitted as a joint application with the licensed pyrotechnics operator listed in Part 2 of this form.

\_\_\_\_\_ HEREBY MAKE(S) APPLICATION FOR A

PERMIT FOR A FIREWORKS DISPLAY ON THE FOLLOWING DATE(S):

MAY \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, JUNE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

JULY \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, AUGUST \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

DISPLAY LOCATION: \_\_\_\_\_

THIS DISPLAY WILL BE UNDER THE SUPERVISION OF :

NAME OR ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE-OFFICE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY ORGANIZATION CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FIREWORKS DISPLAY DETAILS:**

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Address/Location of Display: \_\_\_\_\_  
\_\_\_\_\_

Display Times(s) \_\_\_\_\_ Duration of Display: \_\_\_\_\_

Please be advised that North Franklin Township Ordinance 14-2000 Section 211 concerning sound level exemptions prohibits fireworks being discharged between the hours of 10:30 p.m. and 7:00 a.m.

**Part 2 – Licensed Pyrotechnics Operator**

**LICENSED PYROTECHNICS OPERATOR INFORMATION:**

Company Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

On Scene Pyro Operator Name: \_\_\_\_\_

State Fireworks License #: \_\_\_\_\_

**Part 3 – FIREWORKS DETAILS**

\_\_\_\_\_ Manual \_\_\_\_\_ Electric \_\_\_\_\_ Combination Manual/Electric

**Part 4- Permit Fee - \$300.00 for the first date/event in the calendar year +  
\$50.00 for each additional date/event within the same calendar year.**

Please remit by check, payable to: *North Franklin Township  
345 Franklin Farms Road  
Washington, PA 15301*

Applicant's signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**OFFICE USE ONLY:** Amount Paid \_\_\_\_\_ Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_ Check # \_\_\_\_\_ Title: \_\_\_\_\_