

Permit No.: _____

Date: _____

Plans: Yes No

Village of Elmsford

BUILDING DEPARTMENT
15 SOUTH STONE AVENUE, ELMSFORD, NY 10523
Building Dept (914) 345-1553
Fax (914) 592-8129

Total Fee: _____

FIREWORKS PERMIT APPLICATION

Application is hereby made to the Building Department for the issuance of a Fireworks Permits pursuant to the Code of the Village of Elmsford and the Fire Code of New York State. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Village of Elmsford and laws of New York State. **Fireworks display shall comply with requirements of NFPA 1123 and 1126 and Penal Code 405.**

Application Fee: _____

DISPLAY DATE: _____

RAIN DATE: _____

SITE DATA:

Section - Sheet - Block - Lot(s): _____ - _____ - _____ - _____

Street Address: _____

The following information is to be completed in full.

OWNER:

Name: _____

Address: _____

Phone: _____ Mobile: _____

LESSEE / SPONSORING BODY:

Name: _____

Address: _____

Phone: _____ Mobile: _____

FIREWORKS CONTRACTOR:

Name: _____

(License #, attach copy)

Address: _____

Phone: _____ Mobile: _____

Name of person in charge at site _____ Age _____ Yrs. Exp. _____

Total number of persons at site _____

INSURANCE:

Insurance Certificate (Workers Compensation and Liability with Village of Elmsford named as additional insured).

EVENT DETAILS:

MAXIMUM SHELL SIZE (diam) _____ in.

Tube Material _____

MINIMUM DISTANCE IN FEET FROM NEAREST:

Building _____ ft.

Roadway _____ ft.

Spectator area _____ ft.

Overhead wires/poles _____ ft.

Parking area _____ ft.

ATTACH SITE SKETCH WITH DISTANCES MARKED

Will Fire Department Be Present during display? YES NO

MINIMUM REQUIREMENTS:

- Two charged and tagged water fire extinguishers must be on site during preparation and presentation
- Minimum of two fireworks contractors present during shoot, no unnecessary personnel can be present
- No Fireworks Displays if wind speed exceeds 30MPH
- No alcoholic beverages within firing zone
- Call Fire Inspector for pre-show inspection
- Search firing and landing area on the morning after the display for unexploded shells

AUTHORIZATION:

State of New York, County of Westchester, _____ being duly sworn deposes and says they are the owner or authorized representative by attached completed proxy statement and are duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of their knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me Owner or Authorized Representative Signature: _____

this _____ day of _____ Print Name: _____

Notary Public: _____

Seal

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Building Department Review By: _____ Date: _____ Disapproved Approved

Fire Department Review By: _____ Date: _____ Disapproved Approved

Police Department Review By: _____ Date: _____ Disapproved Approved