



## **Fireworks Discharge Permit Application Per Oshawa By-law 59-2014**

### A) Event Information

Event Location/Address: \_\_\_\_\_

\_\_\_\_\_

Date(s) and Time(s) of the Event(s) \_\_\_\_\_

\_\_\_\_\_

Sponsoring Organization (if applicable) \_\_\_\_\_

\_\_\_\_\_

Address and Phone Number \_\_\_\_\_

\_\_\_\_\_

### B) Required Event Documentation:

- i. Proof of insurance and hold harmless agreement
- ii. Written permission from the property owner to hold discharge event
- iii. Written fireworks display plan to include the following:
  - the name of the display supervisor in charge and the number and expiry date of their fireworks operator certificate;
  - the location of any storage units in which the fireworks to be displayed will be stored before or after the display;
  - a description of the display site, including the distance in metres from the firing site to the nearest spectators, buildings structure and vulnerable sites;
  - the type and trade name of each firework to be used and the name of the person who obtained its authorization;
  - the quantity of fireworks to be used under each trade name;
  - a description of how the fireworks will be positioned within the firing site and how they will be fired;
  - a description of the crowd-control measures that will be taken; and
  - an assessment of the likelihood of harm to people and property resulting from the use of the fireworks.



C) Technician Information

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

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Technician's Name \_\_\_\_\_

Certificate Number and Expiry Date \_\_\_\_\_

On-site Cell Phone Number \_\_\_\_\_

D) Required Technician Documentation:

- Copy of Certificate of Lead Fireworks Supervisor that will be on-site

E) Approval

I hereby certify that I have read, understood and will comply with City of Oshawa By-law 59-2014, the Explosives Act and Regulations and direction from the Explosives Regulatory Division, as they pertain to the Fireworks Discharge Event under application.

Name of Applicant \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

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Permission of Chief Fire Official or Designate

Approval granted to disconnect smoke detectors/alarms    Yes     No     N/A

Payment of \$180.80 (includes HST) received                      Yes     No   
per General Fees and Charges By-law 13-2003

Chief Fire Official \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_