

**Township of North Huntingdon  
11279 Center Highway  
North Huntingdon, PA 15642  
724-863-3806 X222**

**APPLICATION FOR PERMIT  
PUBLIC DISPLAY OF FIREWORKS**

**PART I:** Applicant's Name: \_\_\_\_\_

Applicant's Telephone Contact: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Display: \_\_\_\_\_ Time of Display: \_\_\_\_\_

A diagram of the grounds on which the display is to be held showing the following:

1. Point at which the fireworks are to be discharged.
2. Location of all buildings, highways and other lines of communication.
3. The lines behind which the audience will be restrained.
4. The location of all nearby trees, telephone lines or other overhead obstructions.

**PART II:** Name, age, experience and physical characteristics (height, weight, race, etc.) of each person firing display.

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheet as needed)

**PART III:** \_\_\_\_\_ Number and types of fireworks to be discharged:

\_\_\_\_\_

Manner and place of firework's storage prior to the display:

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**APPLICANT IS RESPONSIBLE FOR INSURING THAT A FIRE TRUCK AND AMBULANCE ARE ON SITE DURING THE FIREWORK'S DISPLAY. PROVIDE NAME AND PHONE NUMBER OF FIRE COMPANY AND AMBULANCE CONTACT:**

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**A permit granted hereunder shall not be transferable.**

**No permit shall be extended beyond the date(s) set out herein.**

**Proof of insurance coverage by both applicant and fireworks display company or personnel are required in the amount of \$1,000,000.00 for the payment of damages which may be caused to a person or property.**

**Copies of licenses for display operators are required.**

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Receipt date of application: \_\_\_\_\_

Receipt date of insurance certificate: \_\_\_\_\_

\_\_\_\_\_

North Huntingdon Code Official

\_\_\_\_\_

Date

\_\_\_\_\_

North Huntingdon (Ward) Fire Chief

\_\_\_\_\_

Date

\_\_\_\_\_

North Huntingdon Police Chief

\_\_\_\_\_

Date

\_\_\_\_\_

Rescue 8 Chief

\_\_\_\_\_

Date