



## Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

[www.northcastleny.com](http://www.northcastleny.com)

### **Fireworks Display Application**

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

**Section I-** PROJECT ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section II-** CONTACT INFORMATION: (Please print clearly. All information must be current)

PROPERTY OWNER: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPONSER: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATE-CERTIFIED OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Section III-** PERMIT FEE: (\$1000.00)

---

**Section IV-** EVENT:

DATE OF DISPLAY: \_\_\_\_\_ TIME OF DISPLAY: \_\_\_\_\_ LENGTH OF FIREWORKS DISPLAY: \_\_\_\_\_

**Section V-** TYPE OF FIREWORKS: (Class B fireworks)

NO. OF CAKES: \_\_\_\_\_ NO. 5" MORTORS: \_\_\_\_\_ NO. 4" MORTORS: \_\_\_\_\_ NO. 3" MORTORS: \_\_\_\_\_

NO. 2" MORTORS: \_\_\_\_\_ OTHER: \_\_\_\_\_

**Section VI-** OTHER AGENCY APPROVAL OR NOTIFICATION:

If the event is within (5) five miles of a public airport, or if the display will exceed 500 feet above ground level, the Westchester County Airport and the FAA will have to be notified.

Provide Contact Name, No. and Date: \_\_\_\_\_

# Town of North Castle Building Department

## **Section VII**- ASSISTANTS:

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **Section VIII**- APPLICANT CERTIFICATION:

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

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

## **Section IX**- AFFIDAVIT OF OWNER AUTHORIZATION: (To be notarized)

STATE OF NEW YORK }

COUNTY OF WESTCHESTER } SS:

The applicant \_\_\_\_\_ has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) \_\_\_\_\_ Owner's Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_



Notary Stamp Here

**Town of North Castle Building Department**

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Zone:\_\_\_\_\_ Section:\_\_\_\_\_ Block:\_\_\_\_\_ Lot:\_\_\_\_\_

**Building Department Checklist:**

☐ Shooters License      ☐ Work. Comp.      ☐ Liability. Ins.      ☐ Disability      ☐ Two Sets of Documents

Permit Fee: \_\_\_\_\_ Payment: ☐ Check #: \_\_\_\_\_ ☐ Cash      ☐ Credit Card

Name on Check: \_\_\_\_\_

Received By: \_\_\_\_\_ Application #: \_\_\_\_\_

**BUILDING INSPECTOR APPROVAL**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_