Pyrotechnic Event Approval Form

By-Law 2020-XXX

Applicant Info	ormation
Name of Applicant *	
Sponsoring Organizati	on (if applicable)
Applicant's Address *	
Phone Number *	
Description o	of Pyrotechnic Event
Date of Event	Time of event *
Full address (including	911 civic address) of event *

List of all pyrotechnic special effect fireworks to be employed *				
Description of Diapley /Le	estion of all nu	rotochnic oncci	aloffacta baight	range of offects follows
Description of Display (Lo and duration of display ar			ar effects, neight,	range of effects, failout
	·			
What is the capacity of the	e facility *			
Where will the Pyrotechni	ic Special Effect	t Fireworks be s	tored *	

Describe the location of the audience and all exits *	
Describe the fire emergency procedures in place *	
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Supervisor Details	
Name of Supervisor (must be certified Pyrotechnician) *	
Phone Number *	

Checklist of Required Documentation

The following is included as part of your application						
\$30 processing fee						
Site Plan of discharge site (include storage, audience, exits)						
Proof of certification of Pyrotechnician						
Written proof of consent from owner of property for p	yrotechnical special effect fireworks					
Proof of insurance						
Required documentation to be sent to firechief@southgate.ca or can be mailed to the Township of Southgate at: 185667 Grey Road 9, Dundalk, ON NOC 1B0 The processing fee can be paid in person at the Township of Southgate Administration Office or by calling Accounts Receivable at 519-923-2110 ext. 222 The applicant shall indemnify and save harmless the Township of Southgate from any and all claims, demands, causes of action, lost costs or damages that the Township of Southgate may suffer, incur or be liable for resulting from the performance of the applicant as set out in the by-law whether with or without negligence on the part of the applicant, the applicant's employees, directors, contractors and agents.						
Signature of Applicant *	Date					
For Office Use Only Name of authorizing officer						
Title						
Signature	Date of Approval					

Comments		

Thank You