



P.O. Box 1, Pocopson PA 19366
Office: 610.793.2151 Fax: 610.793.1944
www.pocopson.org

POCOPSON TOWNSHIP FIREWORKS PERMIT APPLICATION

IMPORTANT: PLEASE READ AND COMPLETE THE APPLICATION IN ITS ENTIRETY.

Instructions

- Review Ordinance No. 2 of 2019, Fireworks of the Pocopson Township Code, available online at www.pocopson.org or for purchase and/or review at the Township building.
- Display Fireworks Permit Application Fee: \$100.00 submitted with Application.
- The Board of Supervisors shall require a bond deemed adequate in a sum not less than \$50,000 or the Board of Supervisors may deem the requirement unnecessary or reduce the amount for any of the purposes listed in "Display Information" section of this application.

General Information (Print or type all information)

Applicant or Business Name: _____

Contact person (if different from above): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____



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Display Information (please select the activity for which the permit is requested):

- Display Fireworks
- Agricultural purposes raising of crops and protecting crops from bird and animal damage
- Signal purposes or illumination by railroads or other transportation agencies
- Quarrying or blasting or other industrial use
- Signal or ceremonial purposes in athletics or sports
- Sale or use of blank cartridges for a public show or theater
- Military organization or organization composed of veterans of the armed forces of the United States.

Event Date: _____ Start Time: _____ End Time: _____

Estimated # of attendees: _____

Location: _____

Written permission required from the landowner for the event if the applicant is not the property owner of the location. Please attach the written permission to this application.

Alternate Contact Information (Alternate contact shall be available during the event)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____



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Bonding Requirement (Board of Supervisors shall require a bond deemed adequate in a sum not less than \$50,000 or the Board of Supervisors may deem the requirement unnecessary or reduce the amount for any of the purposes listed in Display Information above).

Provider Name: _____

Provider Address:

Street Address City State and Zip Code

Pyrotechnician (Display Operator) **MUST BE 21 YEARS OF AGE OR OLDER**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

Pennsylvania Certificate of Registration (Required):

_____ Exp. Date: _____



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I hereby certify that I am the APPLICANT/BUSINESS OWNER and that I am authorized to make this application. Further, I/we agree to adhere to all applicable Ordinances and Regulations of Pocopson Township.

Name of Applicant/Business Owner:

(Please print)

Signature of Applicant/Business Owner:

_____ Date: ___/___/___

DO NOT WRITE BELOW THIS LINE

Township Action:

Date Application Received: _____ Permit Fee Paid: _____

Bond Received and Amount: _____

Application Status: Approved Disapproved

Codes Official Signature

Date

Extension of Permit (please complete if applicable)

Date of Request for Extension Received (not later than one week after original permit issue date): _____

Extension: Approved Disapproved

Codes Official Signature

Date