

Firework Permit

WORKSHEET

Town of Halfmoon
Code Enforcement Office
2 Halfmoon Town Plaza
Halfmoon, New York 12065
(518) 371-7410 – Ext. 2260

Permit No. _____

Date: _____

Fee: _____

Reviewd By: _____

A permit must be obtained before any firework display. Inspection will be made prior to display date.

Tax Map No.: _____

Date of Display: _____

Subdivision Name: _____

Time of Display: _____

Property Location: _____

Sponsor: _____

List the person(s) responsible for supervision of the fireworks display:

Name	Experience	Address	Age	Contact e-mail	Contact Phone No.

Signature of Preparer: _____

Code Enforcement Office Use Only

CHECK	REQUIREMENTS
	Name, Age and Experience of the person(s) discharging fireworks
	Date and Time of Display
	Location of Display
	Number and Kinds of fireworks
	Site diagram
	Minimum clearances established
	Proof of Insurance w/hold harmless clause/ Contractor Name & Address _____ Liability (Accord 25 Form) Expiration _____ Workers' Comp (C105.2 Form) Expiration _____
	Valid NYS license to deal or manufacture
	Compliance with Penal law section 405 and NFPA 1123

I have reviewed the application for fireworks display as described above. To the best of my ability, I certify that all requirements have been satisfied, and a permit authorizes the applicant to conduct such display on the date and time prescribed. The permit shall be available on site during the display. _____ **(initial)**

Signature: _____

Date: _____

Title: **Code Enforcement Officer**