

**FIREWORKS DISPLAY
APPLICATION &
NOTIFICATION**

TINICUM TOWNSHIP
BUILDING & ZONING DEPARTMENT
163 MUNICIPAL ROAD
PIPERSVILLE, PA 18947
610-294-8076 FAX: 610-294-9889
WWW.TINICUMTOWNSHIP.ORG



Permit #:		Parcel # 44-
Property Address:		
Application Review Fee \$	Check #	Date Paid:
Escrow Fee \$	Check #	Date Paid:
Permit Fee \$	Check #	Date Paid:

Part I: GENERAL CONTACT INFORMATION

Property Owner	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	
Applicant (If other than owner)	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	
Contractor (If other than owner)	Name		Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	

Section 2: Fireworks Display Information:

Date of Display: _____ **Time:** _____ **Duration:** _____

Location:

Lewis Field (Plan A): _____ **Uhlerstown (Plan B):** _____

Other – Site Plan and letter from Fire Chief required: _____

Content: _____ **Maximum size of Mortars:** _____

Section 3: Notifications and Approvals (Responsibility of Applicant):

Notification of property owners within 500 feet of property lines:

Person(s) contacted:

Date and Time:

1. _____

2. _____

3. _____

4. _____

5. _____

Notification to Local Fire Company:

Fire Chief Name & Signature: _____

Date and Time: _____

Should the wind velocity exceeds 7mph, the Fire Chief may discontinue display.

Fire Chief to call the Main Contact telephone number: _____

Notification to Tinicum Police Department:

Police Department Chief Name & Signature: _____

Date and Time: _____

Signature of Applicant

Date

Signature of Owner

Date

Date Issued: _____

Permit # _____

Approved by: _____ Fee: _____