



**Township of Puslinch**  
7404 Wellington Road 34  
Puslinch, ON, N0B 2J0  
T: (519) 763 – 1226  
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www.puslinch.ca

## **Discharge of Fireworks Permit Application**

### **Discharge of Fireworks Permit General Terms and Conditions**

Fireworks shall not be set off or discharged:

- any day between 11p.m. and 10 a.m. the following day (exception for New Year's – may be set off between 11 p.m. one day and 1 a.m. the next day);
- within 50 meters of a nursing home or group home;
- within 50 meters of a place where explosives, gasoline or other highly flammable substances are commercially manufactured, stored or sold;
- when a burning ban is in effect within the Township; and
- by a person under the age of 18 years of age.

Immediately after the conclusion of the Firework's event:

- all debris must be removed

### **Applicant Information**

Applicant/Firework Supervisor Name: \_\_\_\_\_

Owner's Name (if different than applicant): \_\_\_\_\_

Address/Display Location: \_\_\_\_\_

Date of Display: \_\_\_\_\_

Time of Display: \_\_\_\_\_

Alternate Date of Display: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Firework's Certificate Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

The applicant acknowledges having read Fireworks By-law No. 039/14 and has completed the application accurately and truthfully. By signing this application the applicant agrees to adhere to the requirements of the By-law and to the terms and conditions of the permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization by Owner:**

If an application is signed by an individual other than the owner, the owner's written authorization shall be completed below:

I (we) \_\_\_\_\_ of the

\_\_\_\_\_ of \_\_\_\_\_ (County/Region)

of \_\_\_\_\_ do hereby authorize

\_\_\_\_\_ to act as my agent in this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**For Office use only:**

Application fee received by the municipality: \_\_\_\_

Permit Number: \_\_\_\_\_

Identification (over 18 years of age): \_\_\_\_

Valid Fireworks Supervisor's Card: \_\_\_\_

Property Owner's Permission, if applicable: \_\_\_\_

List of Individuals Assisting: \_\_\_\_

## Procedures - Emergency Response and setting off of Fireworks:

Fire Inspection Approved: \_\_\_\_ Date: \_\_\_\_\_

Insurance Provided: Yes: \_\_\_\_ No: \_\_\_\_

\$5,000,000 Yes: \_\_\_\_ Expiry: \_\_\_\_\_

If on Township Lands (additional insured): Yes: \_\_\_\_

A Site Plan drawn to approximate scale outlining the following: \_\_\_\_

- Direction of firing
- Spectator viewing area
- Separation distances between buildings
- Position between ramps and mortar
- Significant ground features
- Ingress and egress routes to the lands
- Buildings
- Overhead obstructions
- Parking areas

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Approved by Name

**Personal information on this form is collected under the authority of the Municipal Act and the Fire Protection and Prevention Act and will be used to determine the eligibility of a permit. The information is used for the purpose of processing this application and administering the Permit Program and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information may be directed to the Township Clerk's office.**

**The Township of Puslinch is committed to providing accessible formats and communication supports for people with a disability. If another format would work better for you, please contact the Township Clerk's office for assistance.**