Application for Special Permission – Family Fireworks Whitchurch-Stouffville Fire & Emergency Services Telephone: 905 640-9595 Fax: 905 640-9517

General Information:

Applicants Full Name:	
Applicants Address:	
Applicants Telephone:	
Applicants Email:	
Are you the legal owner of the	he property where the display is occurring? YES NO
•	bove, we will require written authorization from the legal property owner as part of your
Display Information:	
Address of Display:	
Reason for Display:	
Date of Display:	
Time of Display:	
Alternate Date of Display:	
Supervisor of Display:	
•	verhead obstacles such as trees and power lines
The location has a minimum	
	of 10m from the nearest building
,	. fire extinguisher, garden hose)
No person 18yrs or younger s	shall handle and discharge the fireworks
No fireworks shall be set off in	n or in any building, structure or vehicle
Damage and/or injury from th	is display is the responsibility of the Supervisor of Display (person setting off fireworks)
Site Plan:	
	property including the following information: identify area where fireworks will be set-off, location of where spectators will be located
officers, elected and appointed o demands, damages, costs, expe	ereby undertake to hold and save harmless and agree to indemnify the Town of Whitchurch Stouffville, its ifficials, employees, agents, invitees, successors and assigns (the "Indemnified Parties") from all claims, inses, actions and causes of action, whether in law or in equity, which the Indemnified Parties may sustain or any way connected with the discharge of fireworks by me or the granting to me of a permit.
Applicants Signature	Date of Application
	FIRE & EMERGENCY SERVICES USE ONLY
Comments/Conditions:	
Comments/Conditions.	
Fire Official	Date of Approval
THIS PERMIT HAS BEEN GRANTED AND SHALL BE POSTED ON-SITE AND AVAILABLE UPON REQUEST	