WEST PIKELAND TOWNSHIP
1645 Art School Road
Chester Springs PA 19425
mailto:office@westpikeland.com
Phone: 610-590-5300/Fax: 610-228-3477
https://www.westpikeland.com

****OFFICIAL USE ONLY****

Date Received: _____

Permit #: _____

Payment: _____

FIREWORKS DISPLAY PERMIT APPLICATION

1. PROPERTY OWNER INFORMATION

Applicant Name:_____ Applicant Phone: _____

Applicant Email: _____

Proposed Site Address: _____ Tax Parcel ID: _____

Property Owner:_____ Email: _____

Mailing Address:_____ Phone:_____

City:_____ State: _____ Zip Code: _____

2. DATE AND TIME

Granting the right to display fireworks on: (Date) _____

Between the hours of _____

3. REQUIREMENTS

Have provided the following supporting information: (To be provided by Fireworks Display Contractor)

☐ Certificate of Registration with Commonwealth of Pennsylvania
☐ Pennsylvania License/Permit Number and Expiration Date
☐ Current Certificate of Liability Insurance naming West Pikeland Township as additionally insured
☐ Fireworks Site Diagram
☐ Proof of Local Fire Company On-Site Fire Protection and Post Display Sweep of Site

Approved By: _____ Date: _____
Township Official having Jurisdiction

RELEASE OF LIABILITY

I, _____ am aware of the dangers of fireworks and am willing to assume FULL RESPONSIBILITY for any personal or property damage to any and all claimants due to the display of the above fireworks.
The undersigned specifically agrees that they will not sue West Pikeland Township for any claims that may arise from the use of the fireworks.

_____
(Signature of Owner/Date)