

Town of Washington

P. O. Box 7 567 Mt. Salem Ave. Washington,VA 22747 (540) 675-3128

Town of Washington Application for the display of Aerial Fireworks

1.	Name/Company:
2.	Company Phone #:
3.	Mailing Address:
4.	Physical Address if different from above:
5.	City/State/Zip:
6.	F.I.D. (Federal Identification #)
7.	Name of person making application:
	Print Name
8.	<u>Sponsorship</u> 8.1. The Fireworks display sponsored by:
	8.1.1 Name and telephone number of sponsor's representative:
	 8.2 The fireworks display will occur at (Provide location by listing address street intersections, name of complex or facility, etc. city, county town)

9. The firing of the display fireworks will occur on:

(Date) ____/20___ beginning at (time) ____: ___am/pm end at (time) ____: ___am/pm

9.1 () Check this box if the firing of identical display fireworks setups will occur on multiple succeeding (sequential) dates and/or times. List all the dates and/or times. List all dates and times on separate page and attach to this application. See application instructions for Lines 9.1 and 14.

9.2 In case of postponement due to weather or for other reason(s), the alternate date and time for line #9 is: (Date): __/_/20__ beginning at (time) __:__ am/pm and end at __:__am/pm
9.3 The expected arrival of the operator (pyrotechnician) and product will be at(time) ___:__ am/pm on (Date) __//20__.

10. Operators, Assistants and Pyrotechnic Specifications.

10.1 Name of pyrotechnic (person in charge of firing the display of fireworks).

Certified Lead Pyrotechnician Information:	
Virginia State Fire Marshall Certified Pyrotechnician Type	
Name:	
Issue Date:	
Expiration Date:	
Certification Number:	
Signature:	

- 11. By signing signature below, I attest the above information is accurate and correct, I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code (SPFC) and referenced NFPA 1123-00 standard governing the use, storage and firing of display fireworks, even those not specifically expressed on this application.
- 12. Signature of applicant: (person listed on line 7) Date:

\$50.00 Application Fee

Cc: Rappahannock County Sheriff's Office Local Fire Departments

The Town of Washington

"THE FIRST WASHINGTON OF ALL"

POST OFFICE BOX 7, WASHINGTON, VIRGINIA 22747 https://washingtonva.gov 540/675-3128

FRED CATLIN, MAYOR

Gail Swift, Treasurer Jean Goodine Brad Schneider VICE MAYOR MARY ANN KUHN PATRICK O'CONNELL JOSEPH WHITED

Informational Steps to Hold Fireworks Displays in the Town of Washington

If you wish to have an aerial fireworks display in the Town of Washington, the first step is to file an application with the Rappahannock County Office of Emergency Services to receive approval for the life/safety aspect. That office will send copies of your application to the county Sheriff's Office and to the local fire departments.

Only pyrotechnicians certified by the Virginia State Fire Marshall are allowed to fire the displays in accordance with the Virginia Statewide Fire Prevention Code and the National Fire Protection Association standards.

Once you receive county safety approval and that can take two weeks or so, please email - as soon as possible - a copy of the approved application to the Town Clerk at <u>townofwashington@washingtonva.gov</u> The application asks for the start and finish time of the fireworks display. In addition, the Town requests that you provide a half-hour window in which the fireworks will occur and that a warning be given five minutes prior to the beginning of the display. The conclusion can be no later than 10 p.m.

This information is key to the town as the Town Clerk will send out a courtesy email to residents notifying them of the timing of the fireworks display so that they won't be startled and will have sufficient time to bring inside their pets.

We hope you enjoy your fireworks display!

ORGANIZED AS A TOWN GENERAL ASSEMBLY OF VIRGINIA DECEMBER 14, 1796

INCORPORATED AS A MUNICIPALITY GENERAL ASSEMBLY OF VIRGINIA FEBRUARY 12, 1894