



COLUMBIA SHUSWAP REGIONAL DISTRICT

CHECKLIST FOR: INDOOR & OUTDOOR PYROTECHNICS

VENUE OF DISPLAY: _____

DISPLAYER'S NAME: _____

DATE AND TIME OF DISPLAY: _____

This checklist forms part of the permit process for indoor & outdoor pyrotechnics. It is to be fully completed by the Displayer and returned to the Columbia Shuswap Regional District (CSRD) prior to the issuance of a permit for the display of indoor & outdoor Pyrotechnics.

- Written permission from the Venue of Display.
- Proof of liability insurance in the amount of not less than \$2,000,000. The CSRD and Venue shall be named.
- A site diagram showing the location of all pyrotechnics to be used.
- A complete description of all products to be used, including charge size, effects and manufacture's name.
- A copy of the pyrotechnics license.
 - Fireworks Supervisor Card
- A description of the precautions in place for Fire Prevention
- A description of the Fire Safety Plan in the place in the event of a fire.
- The position of all fire extinguishers in relations to the Pyro display. (This can be included on the site plan.)
- The distance from the display to audiences and stage people (actors, talent, athletes, etc.)
- A demonstration of the product(s) to be used, to ensure safety as well as ventilation needs are met. (indoor Pyro)

Signature of Displayer: _____

Company Name: _____

Date: _____

For CSRD Services:

Name of Authority: _____

Signature of Authority: _____

Title: _____ Date: _____

- Permit Issued:
- Permit Rejected:



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1
 T: 250.832.8194 | F: 250.832.1083 | TF: 1.888.248.2773 | www.csrdd.bc.ca

APPLICATION FOR A PERMIT TO EXPLODE OR SET OFF FIREWORKS

Permit Fee:	\$20.00 (paid at time of approval from the CSRD) <input type="checkbox"/>				
Is this application for the setting off or exploding of High Hazard Fireworks as defined in Class 7.2.2 of the Canadian Explosive Act: <input type="checkbox"/> Yes <input type="checkbox"/> No OR					
Is this application for the setting off or exploding of Low Hazard Fireworks as defined in Class 7.2.1 of the Canadian Explosive Act: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Applicant: _____					
(Applicant must be the person supervising the setting off or exploding of the fireworks)					
Residential Address: _____					
Postal Code:	_____	Telephone #:	_____	Cell #:	_____
Email: _____					
Fireworks Supervisor Card #:			_____	Expiry Date:	_____
NOTE: (Only required if setting off or exploding High Hazard Fireworks, Class 7.2.2)					
I HEREBY MAKE APPLICATION FOR A PERMIT TO EXPLODE OR SET OFF FIREWORKS ON BEHALF OF:					
Name of Organization: _____					
Address: _____					
Postal Code:	_____	Telephone #:	_____		
ADDRESS WHERE FIREWORKS ARE TO BE EXPLODED OR SET OFF: _____					
Same as Applicant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address, if different from applicant address: _____			
Name and Signature of Property Owner, including consent for the setting off or exploding of fireworks:					
Name: _____			Signature: _____		
Date of Event:	_____	From:	_____	<input type="checkbox"/> am <input type="checkbox"/> pm	To: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
I hereby acknowledge receipt of the 'Fireworks Display Checklist': <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant's Signature: _____					

Approved by the Columbia Shuswap Regional District: _____ (dated)
 _____ (signature)