



Bedminster Township Fire Prevention Department
One Miller Lane, Bedminster, NJ 07921
(908) 212-7000 ext. 427

FIREWORKS

REQUIREMENTS FOR FIREWORKS PERMIT

Uniform Fire Safety Act, Sub Chapter 2, (5:70-2.7-5) and Chapter 56 Explosives and Fireworks of International Fire Code NJ Edition 2015, NFP-1123, 1995 Edition

The Fee for the Type 3 (Fireworks) Permit is **\$427.00**

General Conditions for permits are:

1. Chapter 56, NJ Fire Code
2. NFPA 1123 '95'
3. Submit completed Fire Permit Application with plot/site plan for site display discharge area, showing distances from structures and the public
4. Site inspection with Fire Official and Property Owner
5. After site review, letter from Property Owner and Fireworks Company as to:
 - a. Size and number of shells, types and amounts of ground or low level devices to be used
 - b. Safety Zone
 - c. Copy of Fireworks License from Department of Labor and/or A.T.F.
 - d. Letter to F.A.A. and copy from F.A.A. with phone # to call day of the event
 - e. Letter to Police Department and approval from Police Chief
 - f. Letter of permission to discharge fireworks from Property Owner
 - g. Security Plan
 - h. Fire Official will inspect site and Safety Zone prior to discharge of aerial shell-shall monitor Safety Zone
 - i. No one other than operator to be at Discharge Site of Safety Zone
 - j. Fireworks Company to give transportation route
 - k. Fireworks may not be left unattended.
 - l. Fire Official shall advise the appropriate Fire Department Personnel on stand by
6. Proof of \$1,000,000.00 Certificate of Insurance, copy to town
7. Hold Harmless agreement
8. Approval of Police Department and Fire Department Chiefs
9. Indicate method by which the show will be fired (hand fired, electronic remote)
10. Provide timetable of operations, delivery to site, set up, time of live load, etc.)
11. Provide access to the site for Fire Official
12. No display shall be fired if winds exceed 25 MPH
13. Search of Fall out Zone by firework company personnel for unexploded shells
14. Provide a Post Display Report within 48 hours of event.

***Permit to be approved by Resolution by the Bedminster Town Council. All paperwork must be completed and submitted 15 days prior to day of discharge and all fees paid. ***



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**FIRE PERMIT APPLICATION
AS PER ORDINANCE 2017-02**

TYPE: 1 ☐ 2 ☐ 3 ☒ 4 ☐

ORGANIZATION TYPE: ☐ FOR PROFIT ☐ NON-PROFIT

LOCATION INFORMATION	
Name:	Address/City/State/Zip
Municipality:	County:

APPLICANT INFORMATION		
Name:		Address/City/State/Zip
Phone:	Cell Phone:	Email:
PROPERTY OWNER INFORMATION (if different from applicant information)		
Name:		Address/City/State/Zip
Phone:	Cell Phone:	Email:

TYPE 1: \$54.00/EA TYPE 2: \$214.00/EA **TYPE 3: \$427.00/EA** TYPE 4: \$641.00/EA

Permit requested for following date(s): _____

Permit requested on an annual basis – Expiration Date: _____

NOTE: Attach additional signed sheet if space is insufficient

The above named applicant hereby requests permission to conduct the following activity at the above location:

I hereby acknowledge that the information given is correct and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed and if not, this permit may be revoked and will be subject to penalties as provided by law.

Applicant's Signature _____ Title _____ Date _____

MAKE CHECK PAYABLE TO "BEDMINSTER TOWNSHIP"

FOR OFFICIAL USE ONLY – LEA 1807-001			
FIRE PERMIT: []	Conditions Imposed []	Denied []	Approved []
		Approved pending payment of Fee \$ _____	
Comment: _____		PERMIT #: _____	
FIRE OFFICIAL: _____		DATE: _____	



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APPLICATION FOR FIREWORKS PERMIT

1. DEPARTMENT BEDMINSTER TOWNSHIP POLICE DEPARTMENT		2. DATE OF APPLICATION	
3. NAME OF GROUP/PERSON SEEKING PERMIT			
4. ADDRESS		5. PHONE	
6. NAME OF CONTACT PERSON			
7. ADDRESS		8. PHONE	9. CELL PHONE
10. FIREWORKS COMPANY PERFORMING THE DISPLAY		11. LICENSE NUMBER	
12. ADDRESS		13. PHONE	
14. NAME OF CONTACT PERSON			
15. ADDRESS		16. PHONE	17. CELL PHONE
18. FEDERAL/STATE FIREWORKS DISPLAY LICENSE OBTAINED: <input type="checkbox"/> Yes (attached copy to this application) <input type="checkbox"/> No		19. INSURANCE CERTIFICATE OBTAINED: <input type="checkbox"/> Yes (attached copy to this application) <input type="checkbox"/> No	
20. DATE OF DISPLAY	21. TIME OF DISPLAY	22. LOCATION OF DISPLAY	
23. MAP OF LOCATION PROVIDED: <input type="checkbox"/> Yes (attached copy to this application) <input type="checkbox"/> No Map should include nearest public roads, nearby buildings, spectator area, parking area, vehicle entry/exit driveways, fireworks launching area, fireworks display area (if ground display), fireworks ash landing area. Include distances/measurements.			
24. NAME OF PERSON IN CHARGE OF ACTUALLY FIRING FIREWORKS			
25. NAME OF ASSISTANTS FOR ACTUALLY FIRING FIREWORKS			
26. SECURITY PLAN FOR FIREWORKS FIRING AREA: <input type="checkbox"/> Yes (attached copy to this application) <input type="checkbox"/> No			
27. FIREWORKS ARRIVAL TIME		28. NAME OF PERSON WHO IS IN CHARGE OF RECEIVING FIREWORKS	
29. LOCATION WHERE FIREWORKS WILL BE STORED PRIOR TO FIRING ASSEMBLY			
30. SECURITY PLAN FOR STORAGE AND ASSEMBLY: <input type="checkbox"/> Yes (attached copy to this application) <input type="checkbox"/> No			
31. NAME OF PERSON RESPONSIBLE FOR STORAGE AND ASSEMBLY OF FIREWORKS			
32. ADDRESS		33. PHONE	34. CELL PHONE
35. DURATION OF DISPLAY	36. TYPE OF FIREWORKS DISPLAY	37. AERIAL OR GROUND DISPLAY	
38. SECURITY PLAN FOR DISPLAY TIMES: <input type="checkbox"/> Yes (attached copy to this application) <input type="checkbox"/> No			
39. NUMBER OF SPECTATORS		40. WILL ALCOHOL BE SERVED OR PERMITTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. INDEMNIFICATION AGREEMENT APPROVED BY THE TOWNSHIP ATTORNEY: <input type="checkbox"/> Yes <input type="checkbox"/> No			



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FIREWORKS DISPLAY – POST REPORT

THIS FORM IS TO BE SUBMITTED TO BEDMINSTER FIRE PREVENTION DEPARTMENT WITHIN 48 HOURS OF THE EVENT. IF THE EVENT COVERS MULTIPLE TIMES OR DATES, A SEPARATE REPORT MUST BE FILED FOR EACH DISPLAY

PERMIT INFORMATION

Permit Issued to: _____

Display Date: _____ Start Time: _____ End Time: _____

Company Performing Display: _____

DISPLAY LOCATION

Customer: _____

Location (Street): _____

DISPLAY CONDITIONS

IF OUTDOORS (select one): _____ CLEAR _____ OVERCAST _____ FOG _____ RAIN Temperature: _____

WIND DIRECTION: _____ N _____ NE _____ E _____ SE _____ S _____ SW _____ W _____ N/A

DISPLAY INITIATIONS DEVICES (check all that apply):

____ Manual w/Fuse ____ Manual w/Match ____ Electric-Supervised ____ Electric- Automatic ____ Computer-Controlled

LIST OF ALL EMPLOYEES ON SITE (if additional space is needed use back of form)

NAME (please print)	COMPANY	LICENSE (if applicable)	Duties

LIST OF ALL DISPLAY EFFECTS THAT MALFUNCTIONED (if additional space is needed use back of form)

TYPE	NUMBER	SIZE	REASON



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HOLD-HARMLESS (Fireworks Display Permit)

1. "I/we me/my" shall mean one of the following:

AN INDIVIDUAL: Name: _____

or

ORGANIZATION: Name: _____

or

AN INDIVIDUAL ON BEHALF OF AN ORGANIZATION OR CORPORATION:

Name: _____

2. "You/Your" shall mean the municipal corporation known as the Township of Bedminster, its agents, servants, employees, or contractors.

3. GENERAL INFORMATION

Date _____ Site _____

ACTIVITY TO BE HELD (describe in detail): Fireworks Display

4. I sign this Hold - Harmless as my voluntary act and by this act agree to hold you harmless and indemnify you from any claims, suits, or other actions arising from, caused by, or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present for the Fireworks Display listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held (as described above) on the dates listed above.

5. I also agree that I shall provide to You a Certificate of Insurance evidencing General Liability coverage as soon as practicable and not less than five (5) business days before the date of the planned activity. Said Insurance shall be written with a company maintaining a rating of at least an "A" - according to A.M. Best. Said policy shall be in an amount of not less than one million dollars (\$1,000,000) per occurrence. It is understood and agreed that You will be listed as an additional insured on the policy and Certificate of Insurance on a Primary & Non-Contributory basis and a Waiver of Subrogation shall apply in Your favor.

In the event said certificate of insurance is not provided as set forth above, I recognize the event must be canceled and not be held as scheduled.

6. (Applicable to Corporations Only) I also agree that I am obligated to reimburse You for all reasonable attorney's fees incurred by You to enforce the terms of this Hold-Harmless or to defend Yourself against any claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines by final order or judgment should have been defended by Me at My sole cost and expense pursuant to this Hold-Harmless.

7. LEGAL SIGNATURE

(a) Individual _____

Or

(b) Individual _____ On behalf of _____
(Organization)

Or

(c) Individual _____ Title _____

On behalf of _____ (Corporation)

Address of Individual, Organization or Corporation: _____

Home phone: _____

Work Phone _____

And

Signature of Person on behalf of the Municipality:

(signature)

(title)