

APPLICATION AND PERMIT TO EXPLODE OR SET OFF FIREWORKS

Permit Fee: \$10.00

Receipt No: _____

Is the application for exploding or setting off of fireworks as defined in the Canadian Explosives Act for: (please check one)

Low hazard (Class 7.2.1)

High Hazard (Class 7.2.2)

Fireworks Supervisor Card No. _____ Expiry Date: _____

(Required for Class 7.2.2 explosives only)

I hereby make this application to explode or set off fireworks on behalf of:

Myself

Organization

or

Name of Applicant: _____

(Applicant must be the person supervising the display)

Address: _____

Postal Code: _____ Tel: _____

Name of organization (if applicable): _____

Address: _____

Address where fireworks are to be exploded or set off

Name and signature of property owner, indicating consent for the setting off or exploding of fireworks:

Name: _____ Signature: _____

Date of Display: _____ Time of Display: _____

I hereby acknowledge receipt of the Safety Guidelines for Fireworks:

Applicant's Signature

Approved by the Regional District:

Date

Signature

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected on this form is collected pursuant to Section 26(C) of the Freedom of Information and Protection of Privacy Act for the purpose of processing this application and for administration and enforcement.

If you have any questions about the collection, use and protection of your personal information, please contact: Manager of Corporate Records and Information, Comox Valley Regional District, 770 Harmston Avenue, Courtenay BC

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Email: privacy@comoxvalleyrd.ca

Phone: 250-334-6000