



Display Fireworks, Pyrotechnic or Special Effects

Applicant Information	
Event Name	
Organization Name	
Organization Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	
Contact Person Name (First, Last)	
Contact Business Telephone Number	Contact Business Email
Applicant Signature	Date (yyyy-mm-dd)

Event Location Details	
Address/Location (Street Number, Street Name, City/Town, Province, Postal Code)	
Date (yyyy-mm-dd)	Time

Application Type	
<input type="checkbox"/> Display Fireworks Permit F.2. (Formerly Class 7.2.2.) <input type="checkbox"/> Special Effects Pyrotechnic Permit F.3. (Formerly Class 7.2.5.)	

Pyro Technician (Local)		
Name (First, Last)		
Operator Certification Level	Certificate Number	Certificate Expiry Date (yyyy-mm-dd)

Pyro Technician (Show/Event Hired Visitor)		
Name (First, Last)		
Operator Certification Level	Certificate Number	Certificate Expiry Date (yyyy-mm-dd)
(ERD* Visitor Number) Please attach list of all additional technicians.		

*Explosives Regulatory Division

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In accordance with By-Law 2024-33

I, _____ (the Applicant – First, Last Name), hereby undertake to hold and save harmless and agree to indemnify the Town of Midland, its officers, elected and appointed officials, employees, agents, invitees, successors and assigns (the "Indemnified Parties") from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity, which the Indemnified Parties may sustain or incur, arising as a result of, or in any way connected with the discharge of fireworks by me or the granting to me of a permit.

All information contained in this application and accompanying documents are true and correct to the best of my knowledge. I have read and understood all applicable rules and regulations made under the Federal Explosives Act, applicable Town of Midland By-Laws and the Ontario Fire Code as they relate to the discharge of display fireworks and pyrotechnics and open flames.

Please submit completed application and required accompanying information/attachments to fireprevention@midland.ca.

For additional information, please visit: <http://www.midland.ca>

Midland Fire Department Use Only				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	All documents submitted and reviewed		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Site inspection and/or demonstration required	Date (yyyy-mm-dd)	Time
Comments				
<input type="checkbox"/> This permit has been granted and shall be posted on site and available upon request.				
Approved By (Fire Chief or Designate)			Date (yyyy-mm-dd)	

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Accompanying this application, the following information is required:

- **Site Plan** (shall include location of effects, distances to audience, location of spotters, location of fire extinguishers, etc.)
- **Copy of all pyrotechnics and Special Effects, Fireworks to be employed as shown on the ERD Approved List** (including size, amount and manufacturer)
- **Method and sequence of firing**
- **Description of security and fire safety measures to be employed by staff**
- **Copy of Certificate of Insurance** (comprehensive general liability, minimum \$5,000,000.00, Town of Midland.)
- **Written authorization from registered property owner**
- **Pyro plan if open flame are being employed as per NFPA 160**
(<http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=160>)
- **Location of effects storage and method of disposal**
- **An assessment of the likelihood of harm to people and property resulting in the use of the special effect pyrotechnic**
- **Copy of Notice of Other Authorities and Agencies Required:**

T.S.S.A. (Approvals)	1 877-682-8772
Nav Can (Restricted Airspace notification)	1-800-876-4693
Town of Midland By-Law	705-526-4275
Town of Midland Fire Department	705-526-4279