

## UPPER MACUNGIE TOWNSHIP

8330 Schantz Road Breinigsville, PA 18031

> p 610.395.4892 f 610.395.9355

UpperMac.org

## **Operational Permit Application**

	of Application:	J	
	ess Name:		
Addre Phone			
	:: ddress:	<del>-</del>	
		t hereby makes application for:	-
THE a		Thereby makes application for.	
			_
			_
Detail	s regarding the abo	ve request must be submitted with application and whenever	
-	-	nmissioner. It is the applicant's responsibility to ensure conditions	
	-	plicable State and Local fire regulations. The applicant shall follow	ļ
all reg	ulations as provide	d chapter 56 of the 2018 International Fire Code.	
	Applicant Si	gnature — — — — Date	
		FOR DEPARTMENT USE ONLY	
		Date Issued:	
		Permit #:	
		Fee Amount:	
		Initial:	
Docur	nentation to be subr	nitted with application:	
		ity Insurance naming Upper Macungie Township Additional Insured.	
	Federal Explosives License/Permit.		
	Office of Attorney General Certificate of Registration.		
	Plot plan for fireworks display.		
	Prior inspection of the display site. (verification from explosives license holder)		
	Documentation on display controls.		
	Plan for procedures in the event that a shell fails to ignite or fails to function over fallout		
	area or other malf		•
		lay inspection. (verification firing crew inspects fallout area for failed	d
	or malfunctioned o		