Schedule "A" to Bylaw No. 1822

APPLICATION FOR A PERMIT TO DISCHARGE FIREWORKS

1. Is this application for the discharge of High Hazard Fireworks as defined in Class 7.2.2. of the *Canadian Explosive Act:* Yes ☐ No ☐

   Fireworks Supervisor Card No:_____ Expiry Date:_____
   (only required if discharging High Hazard Fireworks)

2. Is this application for the discharge of Low Hazard Fireworks as defined in Class 7.2.1. of the *Canadian Explosive Act:* Yes ☐ No ☐

3. Will you have fire suppression equipment on site: Yes ☐ No ☐

Name of Applicant: _____
(person supervising the discharge of the fireworks)

Organization/Community Group (if applicable):

_____

Address: _____ Postal Code: _____

Phone No:_____ Cell No:_____

Address where fireworks are to be discharged:_____

_____

Date of Event:_____ From: _____ am/pm to _____ am/pm

Name and signature of Property Owner, indicating consent for discharge of fireworks:

Name: _____ Signature:_____

Approved by the Regional District of Kootenay Boundary: Yes ☐ No ☐

_____ _____

Fire Chief or Designate Date