

HAYCOCK TOWNSHIP
640 Harrisburg School Road
Quakertown, PA 18951
215-536-3641
FAX 215-536-7211

Tax Parcel No. _____ Permit No. _____

Fee _____ Event date _____ Approval _____

.....Above For Office Use

TOWNSHIP OF HAYCOCK – BUCKS COUNTY, PENNSYLVANIA
CONSUMER FIREWORKS PERMIT APPLICATION

1. NAME OF APPLICANT/PERMITEE: _____
2. LOCATION OF FIREWORKS DISPLAY: _____

3. NAME OF LANDOWNER(S) WHERE FIREWORKS WILL BE DISPLAYED: _____

4. TYPES AND QUANTITY OF FIREWORKS TO BE DISPLAYED: _____

5. DATES AND TIMES OF FIREWORKS DISPLAY: _____

6. PERSON WHO WILL BE OPERATING THE DISPLAY: _____

7. HAS A PRIOR APPLICATION FOR A FIREWORKS DISPLAY BEEN SUBMITTED THIS CALENDAR YEAR BY THE APPLICANT, THE PROPERTY OWNER OR FOR THE SAME PROPERTY? (If yes, provide the dates of any prior application(s)) (3 applications may be approved in a calendar year)

8. PERMITTEE IS REQUIRED TO SUBMIT THE DATE, START TIME, LENGTH OF DISPLAY AND LOCATION OF THE CONSUMER FIREWORKS DISPLAY SO THAT THE TOWNSHIP IS ABLE TO NOTIFY ALL PROPERTY OWNERS WITHIN 1000' OF THE DISPLAY PROPERTY 14 DAYS PRIOR TO THE EVENT.

9. TO ENSURE ADEQUATE PROCESSING AND MAIL DELIVERY TIME, PLEASE SUBMIT APPLICATION AT LEAST 21 DAYS PRIOR TO EVENT.

Signature of Applicant

Date

NOTE: By signing this application, Applicant represents that he/she is the property owner or acting with lawful consent and authority of the property owner to submit this application and perform the display set forth herein and will comply with all Haycock Township Ordinances and Pennsylvania and Federal laws and regulations pertaining to fireworks and their discharge.

Township Approval for Event

Date

Date mailed

Number of Parcels receiving notifications

