



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1
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APPLICATION FOR A PERMIT TO EXPLODE OR SET OFF FIREWORKS

Permit Fee:	\$20.00 (paid at time of approval from the CSRD) <input type="checkbox"/>					
Is this application for the setting off or exploding of High Hazard Fireworks as defined in Class 7.2.2 of the Canadian Explosive Act: <input type="checkbox"/> Yes <input type="checkbox"/> No OR						
Is this application for the setting off or exploding of Low Hazard Fireworks as defined in Class 7.2.1 of the Canadian Explosive Act: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name of Applicant:						
(Applicant must be the person supervising the setting off or exploding of the fireworks)						
Residential Address:						
Postal Code:		Telephone #:		Cell #:		
Email:						
Fireworks Supervisor Card #:				Expiry Date:		
NOTE: (Only required if setting off or exploding High Hazard Fireworks, Class 7.2.2)						
I HEREBY MAKE APPLICATION FOR A PERMIT TO EXPLODE OR SET OFF FIREWORKS ON BEHALF OF:						
Name of Organization:						
Address:						
Postal Code:		Telephone #:				
ADDRESS WHERE FIREWORKS ARE TO BE EXPLODED OR SET OFF:						
Same as Applicant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address, if different from applicant address:				
Name and Signature of Property Owner, including consent for the setting off or exploding of fireworks:						
Name:				Signature:		
Date of Event:		From:		<input type="checkbox"/> am <input type="checkbox"/> pm	To:	
I hereby acknowledge receipt of the 'Fireworks Display Checklist: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Applicant's Signature:						

Approved by the Columbia Shuswap Regional District:

(dated)

(signature)
