



**WARWICK TOWNSHIP**

Dept. of Planning & Zoning  
 1733 Township Greene, Jamison, PA 18929  
 Phone: (215) 343-6100  
[www.warwick-bucks.org](http://www.warwick-bucks.org)

<p><b>For Warwick Township Use Only</b></p> <p>Check #:          Check Amount:          Received by:</p>
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**FIREWORKS DISPLAY PERMIT APPLICATION**

Permit #: \_\_\_\_\_

**Site/Contact Information**

Display Site Address/Location:		Primary Contact Person (check)	
_____			
Property Owner	Name	<input type="checkbox"/>	
	Address		
	Phone		Email
Applicant	Name	<input type="checkbox"/>	
	Address		
	Phone		Email
Display Operator (Pyrotech.)	Name	<input type="checkbox"/>	
	Address		
	Phone		Email
	License #		Expiration

**Display Information**

Date of Display	
Start Time & Duration	
Estimated # of People in Attendance	
Services Needed (N/A if none)	

**Bond Information**

Bond Amount (\$)
Issuing Bond Company/Address:

**Prohibitions:**

- Permit shall not be issued to a person under 21 years of age.
- No display fireworks shall be ignited within 300 feet of a facility that meets the requirements of section 2407 or 2410 of 72 P.S. §§9407 and 9410.

By signing this form, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. The applicant also gives Warwick Township permission to access the property for inspections and agrees to adhere to all applicable Ordinances and Regulations of Warwick Township.

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## To be filled in by Township Staff

### Permit Submission Checklist

Permit Deposit. Amount: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 copies of plot plan showing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. fire marshal requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm valid licensing (FEL & PA Registration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bond (\$50k for payment of damages)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the application signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TMP #:	51— _____ — _____	

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Fire Marshal			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Township Engineer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Bond Review			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: \_\_\_\_\_

Fees

Fire: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Fee charged: \$ \_\_\_\_\_