TOWN/VILLAGE OF GENESEO FIREWORKS PERMIT APPLICATION

DATE OF APPLICATION

	FIREWORKS	FIREWORKS PERMIT #	
APPLICANT		FEE	
Name	telephone #	· •	
Address			
PROPERTY OWNER			
Name	telephone #		
Address			
LOCATION OF PROPOSED FIREV	WORKS		
TAX MAP # OF PROPERTY	ZONING D	ISTRICT	
TIME AND DATE OF THE DISPLA	4V		
NUMBER AND KINDS OF FIREW		· · · · · · · · · · · · · · · · · · ·	
	ONES TO BE DISCHARGED.		
NAME OF COMPANY THAT WILL	BE CHARGE OF THE DISPLAY:		
	telephone #		
NAME & ADDESSES OF PEOPLE V	MUO DUT ON THE NTODIAV		
NAME & ADDESSES OF FEOREE V	telephone #		
	Telephone #		
CERTIFICATE OF LIABILITY INS	SURANCE REQUIRED:		
Name of insurance company			
Amount of insurance			
<u>Has above certificate been receive</u>	d? (PLEASE ATTACH TO PERMIT)		
TCN 4 TUBE OF 1551 TA 14 TO			
SIGNATURE OF APPLICANT		DATE	
SIGNATURE OF PROPERTY C	WNER	DATE	
TCN ATURE OF 70% ITM 10 OFFI		b. 4 790	
IGNATURE OF ZONING OFFICE		DATE	
IAPPROVED	☐ DISAPPROVED		

You must also fill out page 2.

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The exact location of the planned display should be drawn below. Give a diagram of the are	α,
including distances from buildings, overhead wires, highways. Locate audience lines or	
barricades.	

I certify that I will comply with all of the	e above regulations.
Signature of applicant	Date
Signature of code enforcement officer	Date
Copies of this permit will be sent to Living	gston Co Sheriff's Department neseo Fire Department
Check for fee should be made out to Gene	•