



City of Coquitlam Fireworks Event Permit

Coquitlam Fire/Rescue
1300 Pinetree Way, Coquitlam, BC, V3B 7S4
Fax form back to: 604.927.6418
Phone: 604-927-6400

Office Use Only <input type="checkbox"/> City owned property <input type="checkbox"/> Permit application reviewed <input type="checkbox"/> Payment received

Under provisions of the City of Coquitlam Fire Prevention and Life Safety Bylaw No. 3712, 2005, Coquitlam Fire/Rescue hereby authorizes the permit holder to use, set off, or discharge fireworks in accordance with this permit.

Date of Application: _____

Contact Information

Applicant's Name: _____ **Email:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Phone: _____ **Cell:** _____ **Fax:** _____

Event Supervisor's Name: _____ **Email:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Phone: _____ **Cell:** _____ **Fax:** _____

Event Details

Date: _____ **Times (within one hour):** _____ **to** _____

Location of Event: _____ **Estimated Number of Spectators:** _____

- Nature of Event:**
- Low Hazard Fireworks
 - High Hazard Fireworks
 - Ceremonial Firecrackers
 - Business Related Purposes

It shall be the sole responsibility of the permit holder to ensure compliance with the provisions of the Fire Prevention and Life Safety Bylaw No. 3712, 2005 and amendments thereto, and any other federal, provincial or municipal statutes, regulations or bylaws. A copy of this permit shall be kept with the event supervisor for the duration of the event.

Applicant's Signature

*Applicant certifies full understanding of requirements by signature here.

Fire Chief or Designate

Date of issuance: _____