



Town of Carstairs Fireworks Event Permit

Town of Carstairs Fire Department
Box 1170 Carstairs AB, TOM ONO
Fax form back to: 403-337-3343
Phone: 403-337-3341

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

Under provisions of the current Town of Carstairs Fireworks Permission Bylaw, Carstairs Fire Department 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: _____



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 Permissions Bylaw No. 1025, effective as of July 13, 2015 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: _____