

ABN: 59 986 092 492 180 Mort Street PO Box 19 LITHGOW NSW 2790 Tel. (02) 6354 9999 Fax. (02) 6351 4259

Application for Pyrotechnical Display on Council Property

Applicant Name:	
Contact Phone:	
Name of Pyrotechnical Display Provider:	
Postal Address:	
Contact Phone Number:	
Venue for Pyrotechnical Display:	
Date of Pyrotechnical Display:	
Duration of Pyrotechnical Display:	Start time:
	Finish Time:

CHECKLIST:

Council requires copies of the following documents with this application form:

- Pyrotechnical provider's WorkCover NSW Licence;
- Pyrotechnical provider's Public Liability insurance policy verifying coverage for \$20 million minimum;
- Map detailing location and dimension of firing site (Council is able to provide site plans for venues upon request);
- Map detailing proximity of any other temporary / permanent structures (marquees, show rides, displays etc) within the drop zone;
- o Details of number and types of fireworks to be used (aerial, ground etc);
- Details of how notification will be provided to NSW Police, Ambulance Service NSW, NSW Fire and Rescue, and NSW Rural Fire Service (needs to be completed at least two (2) weeks before event); and
- Details of how notification will be provided to neighbours, and a map showing the location of neighbours to be notified. Additional advice is to be provided to Lithgow District Hospital, Cooinda Aged People's Home, Lithgow Aged Care, Three Tree Lodge Residential Aged Care Facility, Lithgow Vet Hospital and Bowenfels Vet Clinic).

DECLARATION:

I verify that the information provided in this application is true and correct.

NAME SIGNATURE

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form, you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Council will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.