



# 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

<b>Office Use Only</b> <input type="checkbox"/> City owned property <input type="checkbox"/> Permit application reviewed <input type="checkbox"/> Payment received
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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                       Ceremonial Firecrackers  
                                  High Hazard Fireworks                       Business Related Purposes

**Applicant to confirm:**     Site Plan Attached  
    Fireworks Permit Guidelines has been reviewed for event compliance with permit requirements and conditions of the permit.

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:** \_\_\_\_\_