



# City of Harrisonburg, Virginia

## FIRE DEPARTMENT

101 North Main Street  
Harrisonburg, VA 22802  
(540) 432-7703 FAX (540) 432-7780

Larry W. Shifflett  
Fire Chief

### Application for the DISPLAY OF AERIAL FIREWORKS **1123**

<b>1. Name/Company</b> Advanced Entertainment Technologies DBA Image Engineering	<b>2. Company Phone Number</b> 410-355-2055
<b>3. Mailing Address:</b> 3437 South Hanover St., Baltimore MD 21225	
<b>3b. Email Address</b> jen@imageengineering.com	<b>4. FAX Number:</b> 410-355-2054
<b>5. Physical Address if different from Line 3:</b> same as above	
<b>6. City/State/ZIP</b> Baltimore MD 21225	<b>7. Federal ID Number</b> 52-2037701
<b>8. Designated Individual/Pyrotechnician:</b>  Brad Reed <b>(Print name Last, First, MI)</b>	<b>Card Number:</b>  LIC # 19196947PA <b>(Attach photocopy to this application)</b>

**9. Sponsorship.**

**9.1.** The fireworks display will be sponsored by: Harrisonburg Downtown Renaissance

**9.1.1.** Name and telephone number of the sponsor's representative:

\_\_\_\_\_ Katie McLaren Yount \_\_\_\_\_

(540) \_\_\_\_\_ 432 \_\_\_\_\_ - \_\_\_\_\_ 8909 \_\_\_\_\_

**9.2.** The fireworks display will occur at (Provide location by listing address, street intersections, name of complex or facility, etc. Include name of City, County or Town):

Ice House Building, 181 South Liberty St., Harrisonburg VA 22801

10. The firing of display fireworks will occur on:

(Date): 7 / 4 / 20 14 beginning at (time) 9 : 30 am/pm and end at (time) 10 : 00 am/pm.

10.1. In case of postponement due to weather or for other reason(s), the alternate date and time for line # 9 is: N/A

(Date): \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ beginning at (time) \_\_\_\_\_ : \_\_\_\_\_ am/pm and end at (time) \_\_\_\_\_ : \_\_\_\_\_ am/pm.

10.2. The expected arrival of the operator (pyrotechnician) and product will be at (time) 12 : 00 am/pm on

(Date) 7 / 4 / 20 14 .

11. Operators, Assistants and Pyrotechnic Specifications.

11.1. Provide the name and Virginia issued certification number of the Pyrotechnician that will be in charge of the display. Attach a copy of the certification card:

Name (Print – Last, First, MI)	Certification Number
Brad Reed	LIC # 19196947PA

11.2. Name and ages of persons who will be present and assisting with the display (attach additional page if needed):

Name (Print – Last, First, MI)	Age
To be determined	

12. List the size (in inches) and number of shells to be fired. Provide additional indication for multi-break shells. List on a separate line the number and size of salutes (reports). Attach additional pages as needed:

#	Size	Type of Shell
		See Attached - All 1.4G Product

12.1. The display will be fired (check the appropriate box) [ ] Manual [ ] Electrically [  Combined

12.2. Will mortars be reloaded during the display? [ ] Yes [  No

12.3. Mortars to be used will be constructed of (check all that apply):

[ ] Steel [ ] Paper [ ] High Density Polyethylene [ ] Fiberglass [ ] Other (specify) none

13. Attachments.

The following items are to be provided as attachments to this application.

13.1.  A diagram of the grounds or facilities where the display will be held. (See application instructions.)  
The diagram is not required to be to scale but it is to show:

13.1.1.  the fallout radius (with an indicated distance in feet) for the largest shell to be used in the display;

13.1.2.  the points at which the shells and/or cakes are to be positioned and fired;

13.1.3.  the lines behind which the audience will be restrained (with an indicated distance in feet);

13.1.4.  location of significant buildings (with an indicated distance in feet), highways, overhead obstructions and utilities; and

13.1.5.  the indicated direction of North.

13.2.  Proof of a corporate surety bond or a public liability insurance policy in an amount acceptable to the sponsor noted on Line 8.1 but not less than \$1,000,000.00.

13.3.  A fully executed Hold Harmless and Indemnity Agreement (For each application)

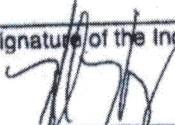
14. By my signature below, I attest the information provided is complete and accurate. I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code (SFPC) and the referenced NFPA 1123-06 standard governing the use, storage and firing of display fireworks, even those not specifically covered or expressed on this application.

I also acknowledge that if a permit is issued it shall:

1. Be valid only at the location listed on the application, and for the specific date(s) and time(s) for which it is issued; and

2. Does not convey approval to store explosives (display fireworks) beyond the temporary (less than 24-hour) on-site storage of the display fireworks on the date of the approved display.

3. I further acknowledge and understand that any SFPC violations identified after approval to proceed may result in denial of final permit issuance or immediate suspension or revocation of a permit.

15. Signature of the individual listed in Section 8 	16. Date 5/22/14
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Official Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Fire Official	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	City Manager	Date:







THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION (FOR USE WHEN CONTRACTUAL LIABILITY COVERAGE IS NOT PROVIDED TO YOU IN THIS POLICY)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Person Or Organization (Additional Insured):</b> A person or organization for which designation as an "additional insured" ( and subject to Section A below) is required by written contract with the Named Insured.		<b>Location Of Covered Operations</b> Only locations at which the Named Insured performs work or operations under written contract with the Additional Insured, except those in connection with any project, premises, jobsite, or location which is or has been subject to a "consolidated (wrap-up) insurance program" through which either the Named Insured or Additional Insured is or has been insured.	
<b>Bodily Injury And Property Damage Liability</b>	<b>Premium Basis Cost</b>	<b>Rates (Per \$1000 Of Cost)</b>	<b>Advance Premium</b>
Subject to applicable policy aggregate and per occurrence limit of insurance.	Not Applicable	Not Applicable	\$ Fee per Our schedule.
<b>Total Advance Premium</b>			\$ Per Our schedule.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Who Is An Insured (Section II)** is amended to include as an insured the person or organization (called "additional insured") shown in the Schedule but only with respect to liability arising out of:
1. Your ongoing operations performed for the additional insured(s) at the location designated above; or
  2. Acts or omissions of the additional insured(s) in connection with their general supervision of such operations.

- B. With respect to the insurance afforded these additional insureds, the following additional provisions apply:**
1. Exclusions **b., c., g., h.(1), j., k., l. and n.** under Coverage A – **Bodily Injury And Property Damage Liability (Section I – Coverages)** do not apply.

- 2. Additional Exclusions**  
 This insurance does not apply to:
- a. "Bodily injury" or "property damage" for which the additional insured(s) are obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.
  - b. "Bodily injury" or "property damage" occurring after:
    - (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- c. "Bodily injury" or "property damage" arising out of any act or omission of the additional insured(s) or any of their "employees", other than the general supervision by the additional insured(s) of your ongoing operations performed for the additional insured(s).
- d. "Property damage" to:
  - (1) Property owned, used or occupied by or rented to the additional insured(s);
  - (2) Property in the care, custody, or control of the additional insured(s) or over which the additional insured(s) are for any purpose exercising physical control; or
  - (3) Any work, including materials, parts or equipment furnished in connection with such work, which is performed for the additional insured(s) by you.



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Larry W. Shifflett  
Fire Chief

### INDEMNITY AND HOLD HARMLESS AGREEMENT

WHEREAS, Advanced Entertainment Technologies DBA Image Engineering on the 30th day of April, 2014, filed an application and for one or more of the following conditions or operations:

- (1) To manufacture, possess, store, sell or otherwise dispose of explosive or blasting agents.
- (2) To transport explosives or blasting agents.
- (3) To use explosives or blasting agents.
- (4) To operate a terminal for handling explosives or blasting agents.
- (5) To deliver to or receive explosives or blasting agents from a carrier at a terminal between the hours of sunset and sunrise.
- (6) To transport blasting caps or electric blasting caps on the same vehicle with explosives.

That prior to the permit being issued and as a condition for the issuance of the permit it is required that the applicant file with the City Fire Department (a) a certificate of insurance, showing



proper insurance coverage and (b) an indemnity and hold harmless agreement in favor of the city of Harrisonburg, Virginia.

NOW, THEREFORE, in consideration of the issuance of the permit as set forth above, Advanced Entertainment Technologies DBA Image Engineering, does hereby bind, jointly and severally their heirs, executors, administrators, successors and assigns, to indemnify and hold harmless the said City of Harrisonburg, Virginia, against all actions, debts, claims, damages, costs, charges and expenses, including court costs and attorneys fees at law or in equity, arising out of the issuance of the above permit for the purposes as set forth above.

Signed and sealed this 30th day of April, 2014

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\_\_\_\_\_

# HARRISONBURG 4TH OF JULY FIREWORKS DIAGRAM 7-4-14

140 ft. Radius

SHOOTING SITE

217 S Liberty St. Harrisonburg, VA 22801, USA

200 ft. to Audience

**AUDIENCE AREA**

Google earth

1989

Imagery Date: 10/4/2012 38°26'48.74" N 78°52'16.65" W elev 1319 ft eye alt 2043 ft

Harrisonburg July 4th 2014		
Item	QTY	Cake Count
Power Assortment2	1	4
Power Assortment 8	1	4
Dual Wielding	1	2
Epic Effects	1	2
Pride and Gratitude	1	1
Havoc	1	4
Blast furnace	1	2
Blast Radius	1	2
Blood Shot Moon	1	3
High Stepper	1	2
Fatal Error	1	3
Eldorado	1	2
Grenadier	1	2
One Bad Momma	1	4
Top Notch	1	4
Challenger	1	4
Pyro Clastic	1	2
Ultimate Aquarian	1	4
		51
All Product is subject to availability upon purchase.		
****Any unavailable product will be replaced by similar product that is of the same size/ quantity.		
NOTE: All product is 1.4G cakes with 500 grams Net Explosive weight or less.		

## Site Operations Schedule

### HARRISONBURG 4<sup>TH</sup> OF JULY FIREWORKS

217 S. Liberty St., Harrisonburg VA 22801

**DATE & TIME OF DISPLAY:** Friday, July 4, 2014 at approx.  
9:30pm

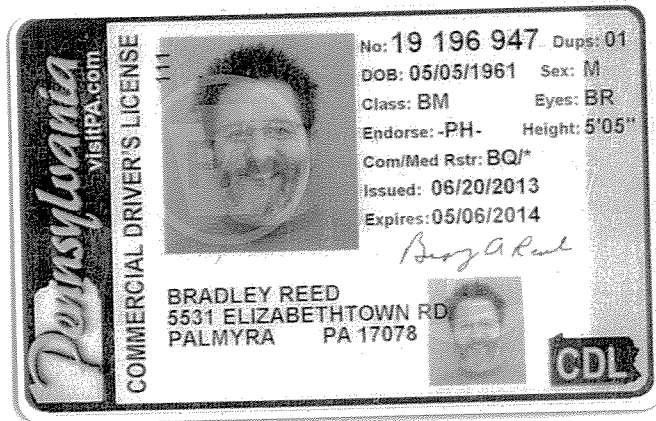
**DATE & TIME PRODUCT  
ARRIVAL TO SITE:** Friday, July 4, 2014 at approx 2pm

**DATE & TIME OF LOADING:** Friday, July 4, 2014 at approx.  
2:15pm

**DATE & TIME OF CLEAN UP:** Friday, July 4, 2014 at approx.  
10pm immediately following the  
display

**DATE & TIME OF RAIN DATE:** TBD

**REMOVAL OF LIVE PRODUCT FROM SITE:** Any live product or “duds” will be boxed in approved boxes, reloaded on the truck, and returned to magazine of origination of the product. The route plan will be the opposite directions of the original route plan site.



**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Bradley A Reed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

wearing corrective lenses                       driving within an exempt intracity zone (49 CFR 391.62)  
 wearing hearing aid                               accompanied by a Skill Performance Evaluation Certificate (SPE)  
 accompanied by a \_\_\_\_\_                       qualified by operation of 49 CFR 391.64  
 waiver/exemption

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>Carla Bartell</u>		TELEPHONE <u>717-431-1770</u>	
		DATE <u>7/25/13</u>	
MEDICAL EXAMINER'S NAME (PRINT) <u>Carla Bartell</u>		<input type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. <u>MA 001901-L</u>		ISSUING STATE <u>PA</u>	
		<input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner	
NATIONAL REGISTRY NO. <u>X</u>			
SIGNATURE OF DRIVER <u>Bradley Reed</u>		INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. <u>19 196 947</u>		STATE <u>PA</u>	
ADDRESS OF DRIVER <u>5531 Elizabethtown Rd Palmyra PA 17078</u>			
MEDICAL CERTIFICATION EXPIRATION DATE <u>7/25/2015</u>			

**DRIVER COPY**



Virginia State Fire Marshal's Office

**Certified Pyrotechnician - Aerial**

Name: Reed, Bradley A

Issue date: June 30, 2011

Expiration date: June 30, 2014

Certification #: 19196947PA