



# 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> 8124 Norris Lane Baltimore, MD 21222	
<b>3b. Email Address</b> sarav@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 21222	<b>7. Federal ID Number</b> 52-2037701
<b>8. Designated Individual/Pyrotechnician:</b>  Phil Payne <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 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, 217 South Liberty St., Harrisonburg VA 22801

10. The firing of display fireworks will occur on:

(Date): 01 / 01 / 20 15 beginning at (time) 12 : 00 am/ m and end at (time) 12 : 30 am/ m.

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) 12 / 31 / 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
Phil Payne	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

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.

<b>15.</b> Signature of the Individual Listed in Section 8	<b>16.</b> Date
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Official Use Only

[ ] Approved		
[ ] Rejected	Fire Official	Date:
[ ] Approved		
[ ] Rejected	City Manager	Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2014

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Moscker Insurance Agency Inc 302 Ritchie Highway Severna Park, MD 21146 (410) 544-6104	<b>CONTACT NAME:</b> Sean Forrester <b>PHONE (A/C. No. Ext):</b> 410-544-6104 <b>FAX (A/C. No):</b> (410) 544-4374 <b>E-MAIL ADDRESS:</b> sforrester@mosckerinsurance.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : <b>National Fire &amp; Marine Ins Co</b> INSURER B : <b>The Ohio Casualty Insurance Company</b> <b>18333</b> INSURER C : <b>Maxum Indemnity Company</b> INSURER D : <b>W R Berkley Corporations Mid-Atlantic Group</b> <b>21784</b> INSURER E : INSURER F :
<b>INSURED</b> Advanced Entertainment Technologies dba Image Engineering PO Box 16695 Baltimore, MD 21221	

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	Y	N	72LPS018911	11/27/2013	1/31/2015	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
B	<b>AUTOMOBILE LIABILITY</b>	N	N	BAS56305463	9/5/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (PER ACCIDENT) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	EXC6023612-01	11/27/2013	1/31/2015	EACH OCCURRENCE \$ <b>4,000,000</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ <b>4,000,000</b>
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	N	XWS55856952	4/1/2014	4/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	Equipment Floater	N	N	CIM9000079-43	3/16/2014	3/16/2015	scheduled Equipment limit \$ <b>\$1,200,000</b>
D	Equipment Floater	N	N	CIM9000079-43	3/16/2014	3/16/2015	Leased/Rented \$ <b>\$250000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**As respects to work performed by the Named Insured and as required by written contract or agreement**  
 Casco Ice Building  
 217 S. Liberty St  
 Harrisonburg, VA 22801  
 are additional insured(s).

<b>CERTIFICATE HOLDER</b>  Virginia Mayor, LC 205 S. Liberty St Harrisonburg, VA 22801-	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# HARRISONBURG NEW YEAR'S EVE FIREWORKS DIAGRAM 12-31-14



Virginia State Fire Marshal's Office

**Certified Pyrotechnician - Aerial**

Name: Payne, Phillip R

Print date: 05/27/14

Effective date: May 27, 2014

Expiration date: May 27, 2017

Certification #: P500683730985MD

Virginia State Fire Marshal's Office

**Certified Pyrotechnician - Proximate**

Name: Payne, Phillip R

Print date: 05/27/14

Effective date: May 27, 2014

Expiration date: May 27, 2017

Certification #: P500683730985MD



# 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

### INDEMNITY AND HOLD HARMLESS AGREEMENT

WHEREAS, Advanced Entertainment Technologies DBA Image Engineering on the 14TH day of October, 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.
- X   (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 14TH day of October, 20 14

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\_\_\_\_\_





U.S. Department  
of Transportation

Eastern Service Center  
Operations Support Group  
AJV-E2

1701 Columbia Ave.  
College Park, GA 30337

# REQUEST FOR FIREWORKS DISPLAY

**Company Name:** Advanced Entertainment Technologies DBA Image Engineering

**Email Address of Person Requesting the Show:** sarav@imageengineering.com

**Event Name:** City of Harrisonburg VA New Year's Fireworks

**Display Date:** 12/31/2014      **Rain Date:** N/A

**Display Start Time:** Approximately 11:59pm

**Duration of Fireworks Display:** Approximately 30 minutes

**Max Height of Fireworks** 500 ft.

**City or Town and State (Physical Address):** 217 South Liberty St., Harrisonburg VA 22802

**Latitude:** 38° 26' 49.78" "N (North)      **Longitude:** 78° 52' 16.47 "W (West)

**Location or Special Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please email your request to:**  
[9-ATO-ESA-OSG-Fireworks@faa.gov](mailto:9-ATO-ESA-OSG-Fireworks@faa.gov)