



The Commonwealth of Massachusetts
 Executive Office of Public Safety & Security
 Department of Fire Services
 P.O. Box 1025 ~ State Road
 Lowell, Massachusetts 01775
 (978) 567-3100 Fax: (978) 567-3199



FP-27C

Application/Permit for Cannon or Mortar Firing pursuant to 527 CMR 22.00

This form shall be used as the application and permit for all Cannon/Mortar Firing in the Commonwealth of Massachusetts.

Triplicate copies of this form must be submitted to the head of the local fire department **at least fifteen (15) days in advance of the proposed date of firing**. One copy of this form must be forwarded to the State Fire Marshal **not less than five (5) days before the firing date** as required by 527 CMR 22.03(3).

The applicant must attach the following to each copy of this application:

- A site plan showing points where cannons are to be discharged, location/distance to the audience, buildings, highways, etc.
- The site plan shall include 100 ft. distance 180° forward of the cannon muzzle and 50 ft. distance 180° to the rear.
- If live fire, the site plan shall include the distance within a forward sector of 120°, 1½ times the estimated range of the cannon and 100 ft. of the remaining 180° forward.
- Documentation of tests performed on cannon barrel.

Location of Firing: _____

Address: _____

Date to be Held: _____ From: _____ a.m. / p.m. To: _____ a.m. / p.m.

Rain Date (if applicable): _____ From: _____ a.m. / p.m. To: _____ a.m. / p.m.

Name of Competent Operator: _____

Address _____ Phone # _____

Certificate of Competency#: _____ Expiration Date: _____

Manner and Storage of Ammunition Prior to and During Firing: _____

Is the discharge a live fire with projectile or blank fire without projectile? _____

Has the cannon barrel or safety sleeve been tested by magnafluxing, x-ray or other equivalent procedure?
 Circle: Yes. No.

I, the undersigned certify that the discharge of cannons shall be in accordance with 527 CMR 22.00 and further that all crew members are a minimum of 18 years of age.

Signature of Competent Operator: _____ Date: _____

For Fire Department Use Only

Restrictions: _____

Signature of Head of the Fire Department: _____ Date: _____

This permit will expire at midnight on _____