



500 West Big Beaver
Troy, MI 48084
troymi.gov



CITY COUNCIL AGENDA ITEM

Date: August 30, 2021

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager
Richard Riesterer, Fire Chief
Paul Firth, Assistant Fire Chief / Fire Marshal

Subject: Firework Display Permit – St. Joseph Chaldean Catholic Church “Feast of the Holy Cross” Celebration

History

St. Joseph Chaldean Catholic Church, of Troy, Michigan, has submitted a permit application for a public firework display, which will be using consumer fireworks, to support a local church celebration, “Feast of the Holy Cross.” St. Joseph Chaldean Catholic Church is requesting the Troy City Council grant a permit for a public firework display to occur on Tuesday September 14, 2021, at 8:00 PM. The St. Joseph Chaldean Catholic Church site is large enough to accommodate the necessary distances required for the display.

Legal Considerations

Michigan law requires that before anyone can conduct a public firework display, a permit must be obtained from the local unit of government. The law states that any person or group that would like to conduct a public firework display must apply to the local unit of government for a permit. The law defines local unit of government as the council or commission of a city or village, or the township board of a township. St. Joseph Chaldean Catholic Church, therefore, is requesting that City Council grant a permit for a public firework display, which will be using consumer fireworks, to occur at St. Joseph Chaldean Catholic Church, on the evening of Tuesday September 14, 2021. St. Joseph Chaldean Catholic Church has provided the required proof of insurance in the amount of \$1M.

Recommendation

The Fire Department has reviewed the permit application and recommends that City Council approve a permit for the display of consumer grade fireworks. Enclosed for Council’s review is the permit application and supporting documentation. The Fire Department will inspect the display and ensure that adequate safety measures are applied.

Legal Review

This item was submitted to the City Attorney for review pursuant to City Charter Section 3.17.



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FIREWORKS PERMIT APPLICATION

Fire Prevention Division
248.524.3419

This permit application is for the ignition, discharge, and use of consumer fireworks; agricultural or wildlife fireworks; articles pyrotechnic; display fireworks; or special effects fireworks, in the City of Troy, at the listed location as defined by Michigan Act 256, PA 2011, titled, "Michigan Fireworks Safety Act" and stipulated by Troy City Code, Chapter 93, titled "Fire Prevention." This application permit must be filed no less than 30 days prior to the intended date of such ignition, discharge, or use, and shall be accompanied by a site plan and product inventory. A **\$180.00** application fee is to be paid upon submittal of this application. Make check or money order payable to the City of Troy. The approved permit shall expire 10 days from the date of issue and shall be on site while fireworks are being used. **Fireworks shall not be discharged between the hours of 11PM and 8AM.**

Application Date: 08/18/21

Applicant Name: Saint Joseph Chaldean Catholic Church Date of Birth: _____

Applicant Address: 2442 E Big Beaver Rd, Troy, MI 48083 Phone: (248) 974-6143

Date(s) of Use: 09/14/21 to: 09/14/21 Time(s) of Use: 8:00 pm to: 8:20 pm

Address of where fireworks are to be used: 2442 E Big Beaver Rd, Troy, MI 48083

ITEMS TO SUBMIT *(Electronically, If Possible):*

Fireworks Description: ☒ Insurance Documents: ☒ Site Plan: ☒ HMIS: ☐

I hereby acknowledge that I have read this permit application and that the information given is correct. I understand that if approved, the permit is non-transferable. I further understand that the permit application fee is non-refundable and will not be returned if this application is denied.

This permit application shall include an approved Hazardous Materials Inventory Statement (HMIS) upon submittal and may be subject to associated fees, payable to the City of Troy, upon issuance of this permit. The HMIS, and its directions, can be found on the internet at: http://troymi.gov/departments/fire_department/permit_applications.php

Applicant Signature: [Signature] Date Signed: 08-18-21

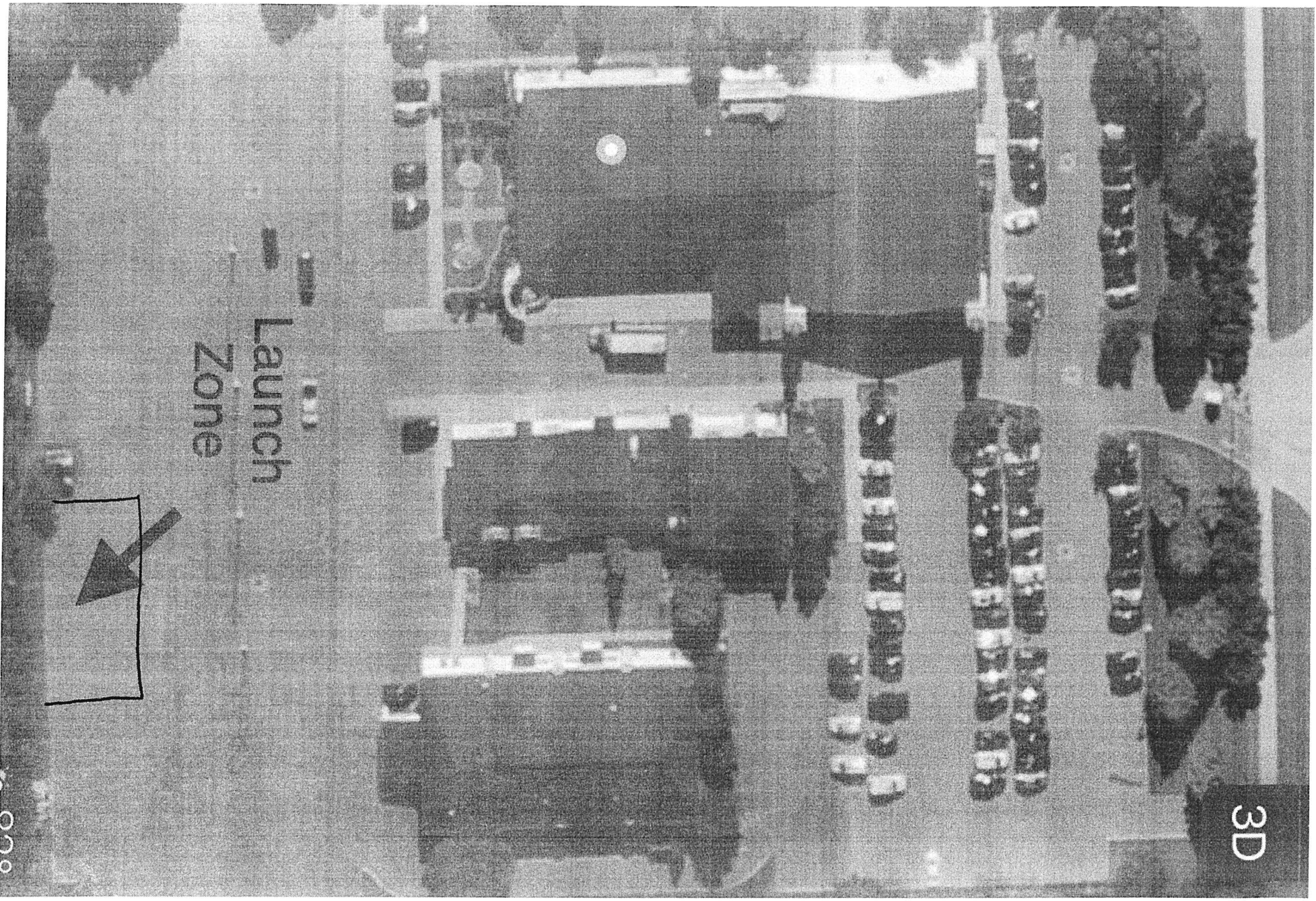
(This section to be completed by Fire Department)

Inspection Date: _____ Requirements Met: Yes _____ No _____

Inspector: _____ Permit Approved: Yes _____ No _____ Date: _____

Permit Issue Date: _____ Permit #: _____ Premise #: _____

Terms & Conditions: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER SUE ABRO AGENCY 45876 SCHOENHERR RD. SHELBY TWP MI 48315	CONTACT NAME: SUE ABRO PHONE (A/C, No, Ext): 586-323-3276 E-MAIL ADDRESS: SABRO@FBINSMI.COM FAX (A/C, No): 586-799-7210														
INSURED ST JOSEPH CATHOLIC CHALDEAN PARISH 2442 E BIG BEAVER RD TROY MI 48083	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: FARM BUREAU INSURANCE</td><td>21547</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: FARM BUREAU INSURANCE	21547	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S-2701384	07/17/2021	07/17/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - POLICY LIMIT	\$																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability, the following are named as additional insured in respects to negligence of the named insured:
The City of Troy and all its elected and appointed officials, boards, committees, volunteers, and/or other authorities.

CERTIFICATE HOLDER**CANCELLATION**

ST JOSEPH CATHOLIC CHALDEAN PARISH
2442 E BIG BEAVER RD
TROY MI 48083

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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Saint Joseph Chaldean Catholic Church
Fireworks Description

200 Gram Repeater

500 Gram Repeater

Reloadable Mortars

Fountains