



## Village of Lake Orion

21 E. Church Street  
Lake Orion, Michigan 48362  
Tel 248.693.8391  
Fax 248.693.5874  
[www.lakeorion.org](http://www.lakeorion.org)

### EVENT PERMIT APPLICATION

**\*\* ATTN: APPLICATION NEEDS TO BE TURNED IN 120 DAYS PRIOR TO EVENT \*\***

Date of Application: 3-17-25	Date Application Fee Paid: 3-17-25
------------------------------	------------------------------------

Sponsoring Organization's Legal Name: LAKE ORION FIREWORKS FOUNDATION INC.	
Phone 586-996-8967	Fax
Email PKREFSKI@COMCAST.NET	Website LOFF FACEBOOK
Sponsoring Organization's Agent Name: ROBERT KREFSKI	
Phone 586-996-8967	Fax
Email PKREFSKI@COMCAST.NET	Website
Event Name: FIREWORKS ON LAKE ORION	
Event Details: (Provide a detailed description of all activities that will take place. Attach additional sheets if necessary) FIREWORKS WILL BE FIRED ON THE EAST SIDE OF LAKE ORION AT 10:00PM 7-5-25	
Date/Hours of Event: 10:00 P.M. 7-5-25	
Date/Hours of Set-up and Tear Down: 7-4-25 SET UP 7-9-25 TEAR DOWN	
Event Location and Boundaries	

**Include an Event Map which clearly shows the locations for each activity during the event, including but not limited to the following:**

- Tent locations
- Parking / loading areas
- Food / drink stations
- Streets and parking lots to be closed
- Walk / run routes
- Anticipated staffing
- Loading locations
- Porta john locations and number
- Trash/dumpster
- Event staff parking

— GREENS PARK

Will street closures and/or Parking Lot closures be necessary: ( ) Yes (X) No

If yes, describe, including: date and time of closures, setup schedule and take down schedule, and time you will need the parking lot for deliveries.

Coordinating with Another Event:  
YES NO

If Yes, Event Name

Event Name/Details:

### Event Information

Type of Event (*See definitions attached to information page*)

( ) Village Operated ( ) DDA ( ) Individual ( ) Co-Sponsored ( ) Group

**Indicate Status**

(X) Non-Profit\* ( ) Not-for-Profit ( ) For-Profit

**\*If the event is sponsored by a Non-Profit please provide proof of non-profit status.**

<p>Annual Event: Is this event expected to occur next year? <input checked="" type="checkbox"/> Yes ( ) No</p> <p>If Yes, you can reserve a date for next year with this application. To reserve dates for consideration for next year please provide the next year's specific dates. Event Application Form will need to be filled out for each year's event.</p>
<p>Is this event a Fund raiser? ( ) Yes <input checked="" type="checkbox"/> No</p> <p>If YES, indicate beneficiary information:</p>
<p>Is this the first time the event is being held in the Village of Lake Orion? ( ) Yes <input checked="" type="checkbox"/> No</p> <p>Describe:</p>
<p>Was this event previously held outside the Village of Lake Orion? ( ) Yes <input checked="" type="checkbox"/> No</p> <p>Describe:</p>
<p>Total estimated attendance each day</p> <p style="text-align: center;"><i>1-DAY ESTIMATE 10,000 people</i></p>
<p>What parking arrangements will be necessary to accommodate attendance?</p> <p>Describe:</p> <p style="text-align: center;"><i>NONE</i></p> <p><b>NOTE: For events over 100 people, you must submit a parking plan.</b></p>
<p>How will trash be handled?</p> <p>Describe:</p> <p style="text-align: center;"><i>NONE</i></p>
<p>Is amplification of music or speakers planned or anticipated? ( ) Yes <input checked="" type="checkbox"/> No</p> <p>If yes, describe, including the dates and times and the maximum limit and amplification:</p>



Will tents be used: ( ) Yes ☒ No  
If yes, indicate number of tents, use of each, location and size:

Portable restrooms: ( ) Yes ☒ No  
If yes, number of portable restrooms and location:

Will alcoholic beverages be served: ( ) Yes ☒ No  
If yes, describe:

Is liquor license issued by the State of Michigan? ( ) Yes ☒ No?  
If yes, whose name is the license issued to:

***Copy of License must be submitted to the Village within 15 days of the Event.***

Will food and beverages be sold: ( ) Yes ☒ No  
If yes, describe:

***All food vendors must be approved by the Oakland County Health Departments. No permit is necessary where only pre-packaged, ready-to-eat type foods are sold from a concession stand or booth.***

Will merchandise be sold: ( ) Yes ☒ No  
If yes, describe:

**WILL THE EVENT REQUIRE THE USE OF ANY OF THE FOLLOWING MUNICIPAL EQUIPMENT?**

Electrical Connections: ( ) Yes ☒ No  
If yes, describe:

Water: ( ) Yes ☒ No  
If yes, describe:

Barricades and/or Traffic cones: ( ) Yes ☒ No  
If yes, complete "REQUEST TO USE VILLAGE EQUIPMENT FORM":

Do you have need of emergency fire equipment, such as ambulance? ( ) Yes ☒ No  
If yes, describe:

Other Village services: ( ) Yes ☒ No  
If yes, describe:

**EVENT SIGNS**

Will this event include the use of signs? ☒ Yes ( ) No  
If yes, complete the "TEMPORARY SIGN PERMIT APPLICATION".

### **CERTIFICATIONS AND SIGNATURES**

I understand and agree on behalf of the sponsoring event the following must be provided 30 days prior to the event:

- A. A Certificate of Insurance in the amount of \$1,000,000 liability insurance and \$1,000,000 aggregate insurance must be provided which names the Village of Lake Orion as an additionally insured party on the policy. (See Insurance Certificate on "Required Documents for a Special Permit Sheet".)
- B. Event sponsors are required to sign a Hold Harmless Agreement form.
- C. Event sponsor is required to contact the Orion Township Fire Department at least one week prior to the event to set up a time for inspections prior to the event.
- D. All food vendors must be approved by the Oakland County Health Department.
- E. The approval of this Special Event may include additional requirements/and or limitations, based on the Village's review of this application.
- F. The sponsoring organization will provide a security deposit for the estimated fees as may be required by the Village and will promptly pay any billing for Village services which may be rendered.
- G. If the event is serving alcohol, a copy of the Liquor License issued by the State of Michigan shall be provided to the Village prior to the event.
- H. The Event contact persons list complete with cell phone numbers and email addresses shall be provided to the Village at least one week prior to the event.
- I. Advertising of the event is not recommended prior to approval of the Event Permit. Advertising of the event prior to the approval of the permit does not guarantee the event will be approved as advertised. Advertisement must include note that the advertisement is pending Village Approval.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this special Event Permit, affirm the above understandings and agree that my sponsoring organization will comply with the Village Special Event Policy, the terms of the Written Confirmation of approval and all other Village requirements, ordinance and other laws which apply to this Special Event.

3-16-25  
Date

Robert Krefski  
Signature of Sponsoring Organization's Agent  
ROBERT KREFSKI  
Print Name



# Lake Orion Fireworks Site Map







## Village of Lake Orion

21 E. Church Street  
Lake Orion, Michigan 48362  
Tel 248.693.8391  
Fax 248.693.5874  
[www.lakeorion.org](http://www.lakeorion.org)

### HOLD HARMLESS AGREEMENT

FOR AND IN CONSIDERATION of the granting by the Village of Lake Orion to permit/allow \*

LAKE ORION FIREWORKS , 7-5-25 <sup>at 10:00pm</sup>  
Activity/Event Dates and Time  
EAST SIDE OF LAKE ORION  
General Description of Location

as requested by the undersigned, the undersigned does hereby agree to fully hold harmless, defend and indemnify the Village of Lake Orion, and all of its officers, officials, agents and employees, with respect to all claims, losses, damages, causes of action, judgments, costs and expenses, including reasonable attorney fees, whether or not the same are now known, liquidated, discovered, discoverable or justifiable, which may be asserted, brought or rendered against, incurred or suffered by, and/or imposed upon, the Village of Lake Orion and/or its officers, officials, agents and employees, by reason of or arising out of the grant or exercise of the rights stated above granted by the Village of Lake Orion to the undersigned.

Robert Krefski  
Applicant/Property Owner/Contractor Signature\*\*

ROBERT KREFSKI  
Applicant/Property Owner/Contractor Printed Name

3-16-25  
Date

Sally Kryski  
Witness One Signature \*\*\*

Sally Krefski  
Witness One Printed Name

BARBARA RICE  
Witness Two Signature \*\*\*

Barbara Rice  
Witness Two Printed Name

\* Applicant MUST provide information regarding what the activity is, date(s), times activity will be held and the areas (public sidewalks, streets, parking spaces, etc.) that are affected.

\*\* If the activity is obstructing public right-of-way for work on private property, the property owner or contractor MUST provide their signature.

\*\*\* The signatures from two (2) witnesses are required.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/2/2025

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> Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 216-658-7100	<b>FAX (A/C, No):</b> 216-658-7101
<b>INSURED</b> Ace Pyro LLC 13001 E Austin Road Manchester MI 48158	<b>E-MAIL ADDRESS:</b> info@brittongallagher.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> James River Insurance Company	
	<b>INSURER B:</b> Everest Denali Insurance Company	
	<b>INSURER C:</b> AXIS Surplus Insurance Company	
	<b>INSURER D:</b> Arch Specialty Insurance Company	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

## COVERAGES

**CERTIFICATE NUMBER:** 705333678

**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> <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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			00136779-2	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			GCD0010011-241	11/1/2024	11/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			P-001-000839920-04	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Excess Liability #2			UXP1048247-03	11/1/2024	11/1/2025	Each Occurrence \$5,000,000 Aggregate \$5,000,000 Total Excess Limits \$9,000,000

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement. The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract: Village of Lake Orion; Lake Orion Fireworks Foundation  
Event Location: Floating platform anchored in Lake Orion  
Event Date: 7/5/2025 RD: 7/6/2025  
The General Liability watercraft exclusion is amended above to provide coverage for: barges or other mobile work platforms, while fixed in place on water and used to prepare and provide a fireworks display.

## CERTIFICATE HOLDER

## CANCELLATION

Village of Lake Orion 21 East Church Street Lake Orion MI 48362 United States	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.

## 2025 Permit for Fireworks Other than Consumer or Low Impact

Authority: 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
------------------------	---

This permit is not transferable. Possession of this permit authorizes the herein named person to possess, transport and display fireworks in the amounts, for the purpose of and at the place listed below only through permit expiration date.

TYPE OF PERMIT(S) (Select all applicable boxes) <input type="checkbox"/> Agricultural / Wildlife Fireworks <input type="checkbox"/> Articles Pyrotechnic <input checked="" type="checkbox"/> Display Fireworks <input checked="" type="checkbox"/> Public Display <input type="checkbox"/> Private Display <input type="checkbox"/> Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes		FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY. PERMIT(S) EXPIRATION DATE (ENTER DATE OF EXPIRATION)	
NAME OF PERSON PERMIT ISSUED TO Drew Espenshade		AGE (18 YEARS OR OLDER) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS OF PERSON PERMIT ISSUED TO 9700 Burmeister Rd, Saline, MI 48176			
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION ACE Pyro, LLC			
ADDRESS 9700 Burmeister Rd, Saline, MI 48176			
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary) Approximately 1,000 1" - 6" Aerial Display Shells			
EXACT LOCATION OF DISPLAY OR USE Floating platform anchored in Lake Orion (see attached site layout)			
CITY, VILLAGE, TOWNSHIP Lake Orion		DATE 7/5/2025 (RD: 7/6/2025)	TIME Approx. 10:00PM
BOND OR INSURANCE FILED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT \$10,000,000	

Issued by action of the Legislative Body of the	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____ on the _____ day of _____, 2025.	
_____ (Signature and Title of Legislative Body Representative)	

**\*THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT\***



# 2025 Application for Fireworks Other Than Consumer or Low Impact

FOR USE BY LEGISLATIVE BODY  
OF CITY, VILLAGE OR TOWNSHIP  
BOARD ONLY

DATE PERMIT(S) EXPIRE:

Authority: 2011 PA 256

The **LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD** will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.

## TYPE OF PERMIT(S) (Select all applicable boxes)

- ☐ Agricultural or Wildlife Fireworks ☐ Articles Pyrotechnic ☒ Display Fireworks
- ☒ Public Display ☐ Private Display
- ☐ Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes

NAME OF APPLICANT <b>Drew Espenshade</b>		ADDRESS OF APPLICANT <b>9700 Burmeister Rd, Saline, MI 48176</b>	AGE OF APPLICANT 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER <b>Aaron Enzer</b>		ADDRESS PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER <b>9700 Burmeister Rd, Saline, MI 48176</b>	
IF A NON-RESIDENT APPLICANT (LIST NAME OF MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)		ADDRESS (MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)	TELEPHONE NUMBER
NAME OF PYROTECHNIC OPERATOR <b>Jon Nash</b>		ADDRESS OF PYROTECHNIC OPERATOR <b>9700 Burmeister Rd, Saline, MI 48176</b>	AGE OF PYROTECHNIC OPERATOR 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NO. YEARS EXPERIENCE <b>10+</b>	NO. DISPLAYS <b>100+</b>	WHERE <b>Michigan, Wisconsin, North Dakota, Wyoming, Illinois, Iowa, Arizona, Indiana, Pennsylvania</b>	
NAME OF ASSISTANT <b>Drew Espenshade</b>		ADDRESS OF ASSISTANT <b>9700 Burmeister Rd, Saline, MI 48176</b>	AGE OF ASSISTANT 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF OTHER ASSISTANT <b>N/A</b>		ADDRESS OF OTHER ASSISTANT <b>N/A</b>	AGE OF OTHER ASSISTANT 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO

## EXACT LOCATION OF PROPOSED DISPLAY

**Floating platform anchored in Lake Orion (see attached site layout)**

DATE OF PROPOSED DISPLAY <b>July 5, 2025 (Rain Date: July 6, 2025)</b>	TIME OF PROPOSED DISPLAY <b>Dusk, Approximately 10:00PM</b>
---	--

MANNER AND PLACE OF STORAGE, SUBJECT TO APPROVAL OF LOCAL FIRE AUTHORITIES, IN ACCORDANCE WITH NFPA 1123, 1124 & 1126 AND OTHER STATE OR FEDERAL REGULATIONS. PROVIDE PROOF OF PROPER LICENSING OR PERMITTING BY STATE OR FEDERAL GOVERNMENT

**None, fireworks product will be brought from company storage in time for display setup.**

AMOUNT OF BOND OR INSURANCE (TO BE SET BY LOCAL GOVERNMENT) <b>\$10,000,000</b>	NAME OF BONDING CORPORATION OR INSURANCE COMPANY <b>Acrisure Great Lakes Partners Insurance Services</b>
ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY <b>223 West Grand River Ave, #1, Howell, MI 48843</b>	

NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED (Please provide additional pages as needed)
<b>Approximately 1,000</b>	<b>1" - 6" Aerial Display Shells</b>

SIGNATURE OF APPLICANT 	DATE <b>May 5, 2025</b>
---	----------------------------



## Village of Lake Orion

21 E. Church Street  
Lake Orion, Michigan 48362  
Tel 248.693.8391  
Fax 248.693.5874  
[www.lakeorion.org](http://www.lakeorion.org)

### SIGN PERMIT APPLICATION

#### PROPERTY INFORMATION

Sign Site Address: ORION Lumber YARD Parcel ID #: \_\_\_\_\_

Name of Business at Sign Location: ORION Lumber YARD Zoning District: \_\_\_\_\_

#### OWNER INFORMATION

Property Owner Name: DDA Address: 118 N. BROADWAY ST

Property Owner Phone #: 248 693-9742 E-Mail: blloom@DOWNTOWNLAKEORION.ORG

#### APPLICANT INFORMATION (If applicant is NOT property owner)

Applicant Name: BOB KREFSKI LOFF Address: \_\_\_\_\_

Applicant Phone #: 586-996-8967 E-Mail: PKREFSKI@COMCAST.NET

Applicant is: (i.e. contractor or business owner or architect, etc.) we shoot FIREWORKS

#### TYPE AND QUANTITY OF SIGN(S)

Please indicate the quantity of each type of sign proposed.

Permanent Sign(s): \_\_\_\_\_ Wall \_\_\_\_\_ Projecting \_\_\_\_\_ Ground Sign \_\_\_\_\_ Awning \_\_\_\_\_ Other \_\_\_\_\_

Temporary Sign(s): ☒ Banner \_\_\_\_\_ Community Event \_\_\_\_\_ Class 1 (Adjustable Type) \_\_\_\_\_ Class 2 (A-Frame) \_\_\_\_\_

Temporary Display Dates: From MAY 15 To JULY 5

Name of Event: FIREWORKS Date of Event: JULY 5, 2025

#### ADDITIONAL INFORMATION AND REQUIREMENTS

1) **Location Map:** A map identifying the location of all requested signs on the property or building must be provided or the application WILL NOT be reviewed.

2) **Sign Sketch Plan:** A scaled plan or drawing identifying the size and elements of all requested sign(s) on the property or building must be provided or the application WILL NOT be reviewed.

3) **Orion Township Building Permit:** An Orion Township building permit application must be included in order to erect any permanent signs.

I hereby agree to erect and remove (if applicable) signage exactly as approved on this application:

Signature of Property Owner: Janet L. Bloss Date: 5/8/25

Signature of Applicant (or Contractor): Robert Krefski Date: 5-8-25

TO BE COMPLETED BY VILLAGE STAFF - Date Received: \_\_\_\_\_

Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_





## Village of Lake Orion

21 E. Church Street  
Lake Orion, Michigan 48362  
Tel 248.693.8391  
Fax 248.693.5874  
[www.lakeorion.org](http://www.lakeorion.org)

### LOCATION MAP

A location map must include the following information:

- All property lines, buildings, fences, parking lots, driveways and adjacent streets.
- The location of all existing signs.
- The location of all proposed signs.

### SIGN SKETCH PLAN

A sign sketch plan must include the following information:

- All sign dimensions.
- Wording of the sign.
- Building Signs: Must show length and width of building façade from grade and include roofline.
- Draw length, width, depth, and height of sign on building façade. Include all existing and proposed signage.
- Please note if any existing signage is to be removed.
- Any proposed internal or external lighting.
- Type of material sign is constructed from.

**ALL APPLICATIONS MUST BE IN COMPLIANCE WITH THE STANDARDS OF THE VILLAGE SIGN ORDINANCE, CHAPTER 155, AS AMENDED.**

SIGN 40' X 3'

FIREWORKS  
LOGO

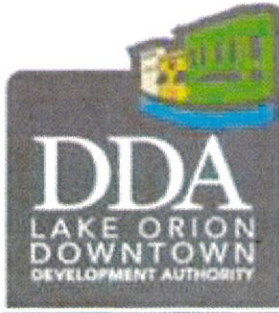
LAKE ORION

WHERE WE DO SUMMERS Big  
AND FIREWORKS Bigger

HELP KEEP THE SUMMER VIBE ALIVE DONATE TODAY

MAIL OFF 540 N LAPEER RD BOX 161, L.O. 48362

GO  
FUND ME



118 N. Broadway, Lake Orion, MI 48362  
Phone: 248-693-9742 Fax: 248-693-9749  
[www.downtownlakeorion.org](http://www.downtownlakeorion.org)

Janet Bloom, Assistant Director

May 8, 2025

Lake Orion Fireworks Foundation  
540 N Lapeer Rd  
Box 161  
Lake Orion, MI 48362

To Whom it May Concern,

The Lake Orion Fireworks Foundation has the expressed permission of the Lake Orion Downtown Development Authority to hang a 40' x 3' banner on the Lumberyard construction fence from the dates of May 15<sup>th</sup> through July 5<sup>th</sup>.

Best Regards,

A handwritten signature in cursive script that reads "Janet L. Bloom" followed by a stylized monogram "JB".

Janet Bloom, Assistant Director  
[bloom@downtownlakeorion.org](mailto:bloom@downtownlakeorion.org)





## Village of Lake Orion

21 E. Church Street  
Lake Orion, Michigan 48362  
Tel 248.693.8391  
Fax 248.693.5874  
[www.lakeorion.org](http://www.lakeorion.org)

### **TEMPORARY USE OF VILLAGE RIGHT-OF-WAY** (PROPERTY, STREETS AND SIDEWALKS)

#### **APPLICANT INFORMATION**

Applicant Name: ROBERT KREFSKI Business Name: L.O.F.F.  
Applicant Phone #: 586-996-8967 Address: N.A.  
Applicant E-Mail: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### **TYPE OF TEMPORARY USE**

Property/Right-of-way will be used for: \_\_\_\_\_ Building Maintenance \_\_\_\_\_ Business Sale/Event \_\_\_\_\_ Utility Installation

Briefly Describe Use/Project Activity: \_\_\_\_\_

#### **RIGHT-OF-WAY (ROW) TO BE USED**

Site Address: (Property adjacent to street/sidewalk/ROW) \_\_\_\_\_

Temporary Use of Right-of-Way Begins – Day: 7/5/25 Time: \_\_\_\_\_

Temporary Use of Right-of-Way Ends – Day: 7/5/25 Time: \_\_\_\_\_

#### **ADDITIONAL REQUIRED INFORMATION**

Please place your initials next to the items in the applicable column to acknowledge that all items are included with your application.

Required for Special Event Applications	Required for General Obstruction of Public ROW Only
____ Anticipated Attendance	____ Sketch of Project Area
____ Event Map	____ Hold Harmless Agreement
____ Hold Harmless Agreement	____ Barrier Plan/ Safe Route Plan
____ License Agreement (if applicable - to be approved by Village Council)	<b>Additional Items for Excavation / Construction on Public Property</b>
____ Parking Plan	____ Application Fee
____ Sign Application (if applicable)	____ Insurance Certificate
____ Insurance Certificate	____ Copy of License
____ Approvals from all applicable outside agencies	____ \$1,000 Escrow Deposit
	____ Construction Detail
	____ Soil Erosion Sedimentation Control

I, the undersigned, understand that the Village Hold Harmless Agreement must be completed and must accompany this application. I understand I will be liable for damage done to any street or sidewalk and that I must fully cooperate with all Village departments. Failure to cooperate may lead to immediate revocation of this permit by the Village of Lake Orion.

Signature of Applicant: Robert Krifali Date: 3-16-25

\*\*\* To Be Completed by Village Administration \*\*\*

APPROVAL / COMMENTS BY [Signature] Date: 4-2-25  
Police Chief:

Special Events: Condition of approval is that the applicant must make arrangements for barricades and detour signs at least one week prior to event. When Flint Street is closed, temporary STOP signs must be installed on both eastbound and westbound Shadbolt at Anderson Street and any other locations that the Police Chief deems necessary.

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

DPW Director: [Signature] Date: 4-1-25

Village Council: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Village Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_





# Charter Township of Orion

3365 Gregory Rd., Lake Orion MI 48359  
www.oriontownship.org

## Fire Department

Phone: (248) 391-0304, ext. 2000  
Fax: (248) 309-6993

Date: May 7, 2025

To: Darwin McClary, Village Manager

Re: 2025 Lake Orion Fireworks Permit Application

The Orion Township Fire Department has reviewed the proposed documentation and recommends approval of the display with the following requirements:

1. The proposed fireworks display shall be in compliance with **NFPA 1123: Code for Fireworks Display.**

If you have any questions, please contact our office at 248.391.0304.

Sincerely,

*Jeffrey Williams*

Jeffrey Williams, Fire Marshal  
Orion Township Fire Department

VILLAGE OF LAKE ORION  
21 E CHURCH  
LAKE ORION, MI 48362-3287  
United States  
Phone : (248) 693-8391

Received From: BZ LAKE ORION LLC  
Date: 03/17/2025 Time: 11:03:39 AM  
Receipt: 0000048879  
Cashier: HEDRICKC

ITEM REFERENCE	AMOUNT
-----	-----
APPL FEE APPLICATION FEE	
1 @ 25	\$25.00
UTSPROW UTIL PLAN SPECIAL EVENT ROW	
1 @ 75	\$75.00
-----	-----
TOTAL	\$100.00
 CHECK 122	 \$100.00
Total Tendered:	\$100.00
 Change:	 \$0.00