TOWN OF SEABROOK CODE ENFORCEMENT OFFICE 99 LAFAYETTE ROAD PO BOX 456 SEABROOK, NH 03874-0456 (603) 474-3871 code@seabrooknh.org

April 10, 2025

571 Realty Trust LLC Jarrad Savinelli Po Box 357 Greenland NH 03840

RE:

571 Lafayette Road, Fantasy Fireworks, Zoning Compliance, Property ID# 8/9

Dear Mr. Savinelli:

This letter is in response to your request regarding 571 Lafayette Road:

Proof that the place of business is within the municipality and that the business is located in a
permanent structure.

The property located at 571 Lafayette Road is entirely located within the Town of Seabrook and assigned Tax Map 8, Lot 9, sequence 0. The property and building are located in Zone 2, Commercial.

The structure is permanent and equipped with the required sprinkler system.

 Proof that the building in which the business shall be located conforms to all applicable building codes, zoning codes, and local ordinances.

The business is located in a structure which conforms to the applicable codes that were in effect when the structure was built. The property and building meet all the applicable zoning regulations, and the property is in full compliance with the local ordinances of the Town of Seabrook.

The business has been inspected by this department and approval has been granted for the Town of Seabrook licensing.

If you have any questions regarding this property, please do not hesitate in contacting the office.

Respectfully,

Angelo Rignoli

Assistant Building Inspector code@seabrooknh.org





SEABROOK FIRE DEPARTMENT

87 Centennial Street Seabrook, NH 03874

Phone: 603-474-2611 Fax: 603-474-5187 seabrooknh.info

William J Edwards Fire Chief 603-474-3880 Lawrence "Koko" Perkins Deputy Fire Chief 603-474-5300

Fire Inspection Report

This is to confirm that a fire safety inspection was conducted by Deputy Fire Chief Lawrence Perkins of the Seabrook Fire Department at:

Fantasy Fireworks Inc. 571 Lafayette Rd. Seabrook, NH 03874 1(603)474-3780

Jarred Savinelli 6 Fabyan Pt, Newington, NH 03801 (807)683-9822

On Thursday, April 10, 2025 an inspection was conducted in conjunction with Seabrook Code Enforcement Gino Rignoli at a permanent structure at 571 Lafayette Rd., known as Fantasy Fireworks Inc. The inspection found no violations with Seabrook Town Code 162-3, State Fire Code Saf-C 6000, NFPA 1, NFPA 101 and NFPA 1124. The fire suppression system, fire alarm and fire extinguishers are current with inspections. Housekeeping is in order, no debris found inside or outside and all means of egress are clear. This fire inspector finds Fantasy Fireworks Inc. to be compliant and recommends renewal of annual license to sell permissible fireworks.

Sawrence Perkins

April 15, 2025

MEMORANDUM

ТО:	Lacey Fowler, Code Enforcement Officer
DATE:	March 31, 2025
FROM:	Kelly O'Connor, Deputy Town Manager
RE:	Fantasy Fireworks Inc.
compliance v	n application for the sale of fireworks. Please review and inspect for with the town regulations. A written recommendation on whether to approve ld be returned to this office.
KJO	
Enclosure	
Cc:	Board of Selectmen
Recommenda	ation:
1 rec	commend that this apprecation be
appro	riel.
	Signature Fowlu
	Date:

MEMORANDUM

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DATE:	March 31, 2025
FROM:	Kelly O'Connor, Deputy Town Manager
RE:	Fantasy Fireworks Inc.
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Recommenda	ation:
	Signature
	Date:

TOWN OF SEABROOK

APPLICATION FOR PERMIT TO SELL CLASS C FIREWORKS

Date of Application: 3/25/25 The Applicant is (check one): An individual A partnership A corporation Other (specify)
Application: (Fee of \$25.00 in form of a certified or cashiers check must be submitted with application. Separate application and fee required for each sales outlet.)
In accordance with the provisions of the Fireworks Ordinance adopted by the town on March 16, 1990, and R.S.A. 160-B:2, application is made to sell Class C fireworks within the Town of Seabrook, New Hampshire.
1. Name: Fartosy Fireworks Inc (Print name of corporation, firm, or individual)
2. Address: 57 Lafayette Rd Seabrook NH 03874 Street City or Town State Zip Code
3. If applicant is other than an individual, list the following:
a. Name and address of person in charge: <u>Sarrad Savinelly</u>
6 Fabyan Pt, Newington, NH 03801
b. Name and address of person signing this application: Jarrad Savinelli
6 Fabyan Pt, Newington, NH 03801
c. Date of birth of above named persons: 12 06 1978
140 0007
4. Telephone number: (603) 474 3780 /(807 683 9822 Business Individual making application
5. Address of location where Class C fireworks will be sold:
M
Street Seabrook /VII 63874 Street City or Town State Zip Code
6. Do you have a valid Federal Explosives License issued to the applicant in accordance with Title 18 United States Code governing fireworks? yes no
7. Have you applied for or do you have a permit from the State of New Hampshire for the sale of fireworks pursuant to R.S.A. 160-B:6? [X] yes [] no

8.	Does the location from which the Class C fireworks will be sold comply with all Town of Seabrook zoning regulations, building, health and safety regulations and equipped with a sprinkler system and is a permanent structure? Yes no
9.	Do you intend to sell Class C fireworks as: retail wholesale; both retail and wholesale
is true ordina with th	by that I have read the foregoing application and affirm that every statement I have made herein and correctly set forth and I also certify that I have read and am familiar with the town necessconcerning fireworks as well as with the town building, health and safety regulations and he state law relating to explosive materials (false statements made herein are punishable under 641:3).
	0
	Signature of applicant (or person authorized to sign for firm or corporation)
	The following documentation is required to be submitted with above application.
1.	A copy of a valid Federal Explosive License issued to the applicant pursuant to Title 18 United States Code governing fireworks.
2.	A copy of a valid State of New Hampshire license for the sale of fireworks pursuant to R.S.A. 160-B:6. (If application is made for said state permit, the permit to be issued hereunder may be issued contingent upon the receipt of said state permit.)
3.	A copy of applicant's proof of identification (valid driver's license, birth certificate, etc.).
4.	Permits shall expire yearly on May 1 st .
	(FOR OFFICIAL USE ONLY)
Fire (Chief [yes Police Chief [yes Building Inspector/Health Officer [yes
Appl	ication Approved [_] Disapproved [_]
	Permit Number:
	Issued:
Date	
Date	Board of Selectmen or Authorized Agent