

St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Application For Open Burning Permit

Procedure

- 1. Complete this form and sign it at the bottom
- 2. Obtain Fire Department approval
- 3. Bring or send this application for open burning to the Department of Health

Fire Control measures to be used: Fire Department Recommendation Name of Department: Phone number: () Approval signature of Fire Department Denial signature of Fire Department Denial signature of Fire Department Denial signature of Fire Department Conditions for burning 1. Immediately advise the Fire Department on the day burning is to begin to avoid false alarms. 2. Weather at least partially clear, low wind and in approved direction. 3. Material must be dried internally, as well as from outside moisture. 4. Burn between 9:00 A.M. and 4:00 P.M. Use smaller piles to burn out quickly. NOTE: In future operations, plan to bury, compost, chip up and/or trash haul as much material as possible to avoid burning. 5. Source of material must be from the premises. Agricultural materials must be from the premises. Agricultural materials must be an anoncombustible container sufficiently vented to induce a primary combustion air with enclosed sides, a bottom and a mesh covering with openings no larger than one-fourth (1/4) square inch. Burning is prohibit apartment complexes and mobile home parks. I certify that I understand the above conditions.	Name:		Phone: ()	
What do you want to burn?	Mailing Address:	City:		State: Indiana	Zip:
Business or activity:	Address of burn site:	City:		State: Indiana	Zip:
Fire control measures to be used: Fire control measures to be used:	What do you want to burn?		Sketch the b	ourn site	
Describe your burning procedure: Fire control measures to be used: Fire Department Recommendation Name of Department: Phone number: ()	Business or activity:				North
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Signature: Date:	Signature:		Date:		
For Office Use Only!	For O	ffice Use Only!			
For Office Use Only! Investigating Environmental Health Specialist: Date:	Investigating Environmental Health Specialist:		D	ate:	

Permit denied:

Permit approved: