

St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

Application For Open Burning Permit

Procedure

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

Name:	Phone: ()
Mailing Address:	City: State: Indiana Zip:
Address of burn site:	City: State: <u>Indiana</u> Zip:
What do you want to burn?	Sketch the burn site
Business or activity:	North
For which two-week period do you want this permit?	
Describe your burning procedure:	
Fire control measures to be used:	
Fire Department Recommendation	
Name of Department:	-
Phone number: ()	
Approval 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. The source of the material must be from the premises. Agricultural materials must be natural, not man-made or fabricated materials; and do not include home grounds or lot clean up. 6. Light with natural kindling materials; do not use fuel oils, rubber tires, etc. to light or support fire. 7. Residential burning where the residence contains four (4) or fewer units: burning shall be in a non-combustible container sufficiently vented to induce adequate 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 prohibited in apartment complexes and mobile home parks.	
I certify that I understand the above conditions.	
Signature:	Date:
For Office Use Only!	
Investigating Environmental Health Specialist:	Date:
Permit approved: Permit denied:	