

BURNING PERMIT APPLICATION

Corporation of the Town of Smooth Rock Falls

As Woods of the	Personal Inforr	nation
1) Contact		
T) Contact	Last	First
2) Property Owner - Full Name		
	Last	First
3) Address		
	Street #	Street Name
4) Telephone	() -	() - Other
	Open Burning Site I	
5) Burn Site Address		
-,	Street #	Street Name
6) Property Type	Residential	Farm
	Commercial Special Purpose	Industrial Government
	Opecial i dipose	Government
7) Type of fuel burned		
8) Distance to adjacent property		
Has suitable fire protection equipment been Note: Suitable fire protection equipment: water sour	•	e, appropriate hand tools to include a shovel, rake, hoe.
9) Describe the purpose for the burn. Choose a category:	Annual Permit (Recreational Burning) Land Clearing Recognized horticultural, range management/wildlife management practices Prevention or control of disease or pests Disposal of ignitable materials Special Event	
10) Did the material to be burned originate	e from the site where it is be	eing burned?YesNo
11) Provide the date(s) and Time(s) when the burning is anticipated to take place: (if other than Annual Permit)	Begin Date Time	End Date Time
12) What methods or actions will be taken to reduce contaminants?		
I, certify that the information set forth above is true a	and complete.	
I realize that the Smooth Rock Falls Fire Departmer impose certain requirements as part of approval of approval of my request, and shall notify me to that a In addition, I realize that no open burning shall be contification of intent does not exempt me from comparison.	nt, after this request, may determing request, and shall not allowed offect once they make such a dete conducted in an area where an aler oliance with any other provincial or	t, warning, or emergency is in effect and that submission of this
	the burning activity. In addition, pe	ember that persons burning materials of any kind at any time are ersons involved in burning activity may be responsible for costs in a safe.
Signature	Signature	Data
	Fire Department	Section
Fire Chief	printed name	Phone Number
Name of Fire Department:	,	
·		
Address:		
Signature of Fire Chief:		
Comments from Fire Chief (if any):		