

Application Date _____

Permit Number _____



BURN PERMIT APPLICATION

(PLEASE REFER TO ATTACHED OPEN BURNING ORDINANCE 2567 (PASSED MARCH 1, 2010) FOR DETAILED REQUIREMENTS AND RESTRICTIONS)

NAME _____

ADDRESS _____

TYPE OF BURN BONFIRE LARGE LANDSCAPE WASTE FIRE

(A site map showing the location of the *Open Burning*, all nearby structures and wood fences, and the location of an extinguishing mechanism including hoses, buckets, and fire extinguishers, must be attached. Ord. 2567 6-7-4 A. (iv))

ECOLOGICAL IEPA

(Applications for Ecological Burns and IEPA Fires shall include a copy of the approved IEPA Burn Permit. Ord. 2567 6-7-4 A. (vii))

LOCATION OF BURN _____

(All such fires shall be set back a minimum of fifty feet (50') from all temporary or permanent buildings and/or wooden fences. Ord. 2567 6-7-3 A.1.a)

DATE OF BURN _____

(must apply for permit at least three (3) days before the open burning is proposed to be conducted. Ord. 2567 6-7-4 A, and no more than one City of Warrenville Burn/Bonfire Permit shall be issued per month to the same applicant or for the same location. 6-7-3 A. 1. f.)

START TIME OF BURN _____ End TIME OF BURN _____

(Unless specifically approved in writing by the Community Development Director, *Bonfires* shall only occur on Fridays or Saturdays for a maximum of five (5) consecutive hours. Ord. 2567 6-7-3 A. 1. e.)

NATURE AND QUANTITY OF MATERIAL TO BURN _____

(The source of Fuel is Limited to *Seasoned Dry Firewood* and/or dry branches and limbs collected from trees, shrubs, or bushes located on the property where the *Bonfire* or *Large Landscape Waste Fire* is occurring and is ignited with a small amount of clean paper. The fuel shall be chosen to minimize the generation and emission of air contaminants. Ord. 2567 6-7-3 A. 1. d.)

PURPOSE OF BURN _____

NAME OF PERSON RESPONSIBLE AT LOCATION OF BURN _____ AGE _____

ADDRESS _____

CELL # _____ HOME # _____ WORK # _____

I have read attached Ordinance 2567 (Open Burning) and I understand I am responsible for complying with these regulations.

SIGNATURE _____ DATE _____

PRINT NAME SIGNED ABOVE _____

APPROVED BY _____ DATE _____

Notified DuComm via:	<input type="checkbox"/> FAX	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> TELEPHONE
Notified WFPD via:	<input type="checkbox"/> FAX	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> TELEPHONE
Notified WPD via:	<input type="checkbox"/> FAX	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> TELEPHONE