

**APPLICATION FOR OPEN BURNING PERMIT**

Application must  
be  
returned in  
Person to the  
Fire Prevention  
Division

PERMIT DATE: \_\_\_\_\_

RAIN DATE: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

Address of Burn Site: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Pager/Cell No: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Name of Contact Person on Site of Burn: \_\_\_\_\_

**OWNER OF PREMISES WHERE BURN PERMIT WILL OCCUR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Pager/Cell No: \_\_\_\_\_

HAVE ANY PREVIOUS PERMITS BEEN REQUESTED? YES NO

If YES, indicate dates and nature of permits: \_\_\_\_\_

HAVE ANY PREVIOUS PERMITS BEEN DENIED? YES NO

If YES, indicate dates and reasons for denial: \_\_\_\_\_

"I understand that this fire must be supervised at all times, and the containment of this fire is my responsibility. And/or it is understood that damage of any kind to any persons or property which results from this fire could result in criminal and/or civil charges being brought against me. It is further understood that if the Clinton Township Fire Department must respond to this fire, or fires resulting from this fire, they may charge me for all costs they incur."

**It is understood that if the open burning creates a nuisance, the permit will be revoked. I have received a copy of the open burning requirements.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Cost is **\$125.00**. Paid: \_\_\_\_\_

**THE SITE MUST BE INSPECTED PRIOR TO ISSUING PERMIT**

The site was inspected on \_\_\_\_\_. No apparent fire hazards were noted on this date.

Inspected by: \_\_\_\_\_

**Any Questions Contact Fire Prevention Division at 586-263-8437**