

OPEN BURNING PERMIT

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Burn Site Address: _____

Material to Be Burned: _____

Date/Time of Burn: _____ Burning Supervised By: _____

On-site fire-extinguishing equipment available? YES NO List of extinguishing equipment: _____

BY ACCEPTING A PERMIT, YOU AGREE TO ABIDE BY THE FOLLOWING REQUIREMENTS

1. It is mandatory that the permit holder contact Sheboygan County 9-1-1 dispatch at 920-xxx-xxxx prior to conducting a permitted burn, notifying them of the location.
2. Burning will not be permitted if the wind speed exceeds 15 miles per hour.
3. Burning shall be conducted one hour after sunrise to one hour before sunset.
4. The person doing the burning will be in possession of this permit during the burn for immediate inspection by authorities.
5. Smoke shall not discharge material which has an offensive odor or which may be injurious or detrimental to the health and safety of others.
6. Do not burn garbage (waste food products), oil, rubber, plastic, tar paper or asphalt products.
7. A garden hose or other fire extinguishing equipment shall be available at burn site.

I UNDERSTAND AND AGREE TO COMPLY WITH THE PROVISIONS OF THIS PERMIT:

(Print Name)

(Signature)

Persons participating in open burning activities do so at their own risk and may be held responsible for the costs of suppressing escaped or uncontrolled fires.

OFFICE USE ONLY

Notes: _____

Permit Issued By: _____ Date: _____

Title: _____