

Town of Wilson, Sheboygan County
OPEN BURNING PERMIT

Applicant Information

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

Resident Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Burn Site Address/Location: _____

Material to be burned: _____ Est. Cubic Feet: _____

Description of Property Adjacent to the Burn Area:

North _____ East _____

South _____ West _____

Date/Time of Burn: _____ Burn will be Supervised by: _____

List Fire Extinguishing Equipment Available: _____

Requires Fire Department Monitoring: YES _____ NO _____ (To be determined by Town of Wilson Fire Chief or designee, and if deemed necessary, requires a \$50 fee to be paid prior to issuance the permit.)

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

1. The permit holder shall contact Sheboygan County 9-1-1 dispatch at 920-459-3112 prior to conducting a permit burn, notifying them of the location.
2. Burning is not allowed when fire danger is higher than MODERATE per WDNR. <https://dnr.wi.gov/topic/forestfire/restrictions.html>
3. Burning is not allowed if wind speeds exceed 15 miles per hours. (Recommend using The Weather Channel app as reference)
4. Burning shall only be conducted between one hour after sunrise and one hour before sunset.
5. The person doing the burning MUST be in possession of this permit during the entire burn for immediate inspection by authorities.
6. No fire shall form a hazard or nuisance to occupants of neighboring properties.
7. It is forbidden to burn garbage, oil, rubber, tar paper, asphalt products or any non-wood or not-vegetation material.
8. A garden hose or other fire extinguishing equipment adequate for the size of the fire MUST be available at burn site.
9. The fire must be attended at all times until completely extinguished.
10. Additional Requirements/Comments: _____

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

Applicant: _____
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. Failure to abide by the requirements of this permit can result in forfeitures of up to \$500.

Office Use Notes: _____

Fire Chief Authorization: _____
Print Name Signature

Please submit your completed application for review to the Town of Wilson Office located at: 5935 S. Business Dr., Sheboygan, WI 920-208-2390
Copy: _____ Code Enforcement officers, _____ Town Board