

ALLEGHENY COUNTY HEALTH DEPARTMENT
OPEN BURNING PERMIT APPLICATION

Previous Permit No. _____
(If Applicable)

AIR QUALITY PROGRAM
301 - 39TH STREET
BUILDING #7
PITTSBURGH PA 15201
PHONE: (412) 578-8115

I. APPLICANT/COMPANY DATE OF APPLICATION: _____
NAME _____
REPRESENTATIVE'S NAME _____ PHONE _____
MAILING ADDRESS _____ ZIP CODE _____
SIGNATURE _____

II. PURPOSE OF BURNING (check all that are applicable):
[] Ceremony
Please describe the purpose of fire: _____
[] Annual Disposal of Christmas Trees *must be supervised by Public Official.
[] Abatement of fire/public health hazard *must be supervised by Public Official
Please describe nature of hazard: _____
[] Fostering of Agriculture
Please list amount of annual produce in pounds or bushels: _____
[] Diseased Vegetation
Please attach certification by recognized expert of diseased trees.
[] Fire Fighting Instruction *must be in accordance with National Fire Protection Association of 1403: Standard on LIVE FIRE TRAINING EVOLUTIONS IN STRUCTURES Please describe type of fire training to be conducted:

III. SITE LOCATION AND DESCRIPTION
DATE(S) OF BURNING _____
TIME(S) OF BURNING _____ AM/PM TO _____ AM/PM
STREET ADDRESS OF SITE _____
MUNICIPALITY _____ ZIP CODE _____
[] Please attach map of area showing all structures, roadways, etc. within 800 feet of the proposed burn area.
DISTANCE TO CLOSEST STRUCTURE ___ FT; PUBLIC AREA ___ FT; ROADWAY ___ FT; PROPERTY LINE ___ FT;
UTILITY (Poles, cables, etc.) ___ FT; OTHER ___ FT Please describe _____
DESCRIPTION OF MATERIAL TO BE BURNED _____
ESTIMATED WEIGHT/ACREAGE _____
SIZE OF PILE OR STRUCTURE: WIDTH ___ FT; LENGTH ___ FT; HEIGHT ___ FT.
MEANS AVAILABLE FOR EXTINGUISHING PROPOSED FIRE UNDER:
NORMAL CONDITIONS _____
EMERGENCY CONDITIONS _____
MEANS OF DISPOSAL OF ASH _____

IV OWNER OR LESSEE OF PROPERTY (if other than Applicant)

NAME _____

REPRESENTATIVE'S NAME _____ PHONE _____

MAILING ADDRESS _____ ZIP CODE _____

REMARKS _____

PERMIT RECOMMENDED

PERMIT NOT RECOMMENDED

SIGNATURE _____

V. ELECTED LOCAL MUNICIPAL OFFICIAL (or authorized representative)

NAME _____ TITLE _____

MUNICIPALITY _____ PHONE _____

MAILING ADDRESS _____ ZIP CODE _____

REMARKS _____

PERMIT RECOMMENDED

PERMIT NOT RECOMMENDED

SIGNATURE _____

VI. LOCAL FIRE MARSHALL OR FIRE DEPARTMENT CHIEF

NAME _____ TITLE _____

FIRE DEPARTMENT _____ PHONE _____

MAILING ADDRESS _____ ZIP CODE _____

REMARKS _____

PERMIT RECOMMENDED

PERMIT NOT RECOMMENDED

SIGNATURE _____

APPLICANT ASSUMES ALL RESPONSIBILITY FOR LIABILITY AND FOR CONTACTING LOCAL FIRE DEPARTMENT 24 HOURS BEFORE BURNING

Do Not Write Below This Line (for Bureau use only)

INSPECTED BY: _____ DATE INSPECTED: _____

COMMENTS: _____

RECOMMENDED

NOT RECOMMENDED

REFER TO COUNTY FIRE MARSHALL

SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PERMIT APPROVED DENIED CONDITIONS: _____

COUNTY FIRE MARSHALL (if required by Bureau)

INSPECTED BY: _____ DATE _____

RECOMMENDED NOT RECOMMENDED CONDITIONS: _____

SIGNATURE _____ DATE _____