

FORT WRIGHT FIRE DEPARTMENT

RR 09-02

APPLICATION FOR OPEN BURNING PERMIT

Applicant Info: Company Name (if applicable): _____

Federal Tax I.D. No.: _____ Phone: _____ - _____

Name: _____ Title: _____

S.S.N.: _____ - _____ - _____ Birth date: ____/____/____ Phone: _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

(If there are other phone numbers or addresses we may need in order to contact you, please list them on the back of this page.)

Burn Info: Date and Time of Intended Burn: _____

Location of Fire: _____

Materials to be Burned: _____

Reason for Intended Burn: _____

Signature and Verification

I hereby verify that the above stated information is true and factual to the best of my knowledge, and that I have received a copy of Fort Wright Ordinance 93.22 for reference. I also agree to comply with all laws and regulations, including extra conditions imposed for safety reasons.

Signature

____/____/____
Date

----- DO NOT WRITE BELOW THIS LINE -----

Received: ____/____/____

Reviewed: ____/____/____

Issued: ____/____/____

Reviewed and Issued By: _____

Applicant Notified of Special Conditions (Listed Below): (YES) (NO)

Date of Suspension/Revocation: ____/____/____ (Write Reason Below)

