



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Application For Open Burning Permit

Procedure

1. Complete this form and sign it at the bottom
2. Obtain Fire Department approval
3. Bring or send this application for open burning to the Health Department

Name: _____ Phone: () _____

Mailing Address: _____ City: _____ State: Indiana Zip: _____

Address of burn site: _____ City: _____ State: Indiana Zip: _____

What do you want to burn? _____

Business or activity: _____

For which two week period do you want this permit? _____

Describe your burning procedure: _____

Fire control measures to be used: _____

Sketch the burn site

North

Fire Department Recommendation

Name of Department: _____

Phone number: () _____

Approval signature of Fire Department

Denial signature of Fire Department

Conditions for burning

1. Immediately advise the Fire Department on the day burning is to begin to avoid false alarms.
2. Weather at least partially clear, low wind and in approved direction.
3. Material must be dried internally, as well as from outside moisture.
4. Burn between 9:00 A.M. and 4:00 P.M. Use smaller piles to burn out quickly.
NOTE: In future operations, plan to bury, compost, chip up and/or trash haul as much material as possible to avoid burning.
5. Source of material must be from the premises. Agricultural materials must be natural, not man-made or fabricated materials; and do not include home grounds or lot clean up.
6. Light with natural kindling materials; do not use fuel oils, rubber tires, etc. to light or support fire.
7. Residential burning where the residence contains four (4) or fewer units: burning shall be in a noncombustible container sufficiently vented to induce adequate primary combustion air with enclosed sides, a bottom and a mesh covering with openings no larger than one-fourth (¼) square inch. Burning is prohibited in apartment complexes and mobile home parks.

I certify that I understand the above conditions.

Signature: _____ Date: _____

For Office Use Only!

Investigating Environmental Health Specialist: _____ Date: _____

Permit approved: _____ Permit denied: _____