

I _____, hereby make the above application for permission to conduct open burning and I do verily believe that the information set forth above, is true and complete. If authorized, said open burning will occur only when prevailing winds are away from populated areas. I hereby certify that materials will be dried and stacked (if appropriate) and otherwise prepared for burning in such a manner as to provide for the most complete combustion and least emission. I further certify that such open burning will not create a visibility hazard on roadways, railroad tracks or air fields and that such burning will be performed at a point on the premises most remote from residential or populated areas.

Signature _____ Date _____

This application for permission to conduct open burning is hereby:

Approved

Approved

Denied

Denied

Signature
Local Air Agency

Signature
Local Fire Chief

SPECIAL TERMS AND CONDITIONS

Important Notice: Applications must be filed at least 10 days before the fire is to be set.

Please complete a new application each year and return to the Lake County General Health District at the letterhead address.

THIS FORM CAN BE FOUND AT: <http://www.lcghd.org/fileuploads/openburningresidentialapplication.pdf>