

APPLICATION FOR BURNING PERMIT

Name of Applicant				
Mailin	g Address of Applicant			
Telepł	none: Email Address:			
Propo	sed location of burn			
Are yo	Are you the owner of the land where the proposed burn is to take place? Yes No			
Purpo	se of the burn			
Mater	ial to be burnt (i.e. brush, dry wood)			
Reque	sted date(s) of burn			
Do you	u have a water supply available at the burn location? Yes No			
Are th	ere any trees or combustibles within 10 metres of the burn location? Yes No			
-	rou considered alternative methods other than burning (yard waste drop off at Village Recyclinge, chipping)?			
Yes	No			
By che	cking these boxes, I agree to the following:			
	I agree to comply with the provisions of the Village of Sayward Fire Protective Services Bylaw along with any restrictions or amendments incorporated in the Permit and Provincia Legislation.			

Personal information is collected by the Village of Sayward under the authority of s26(c) of the *Freedom of Information* and *Protection of Privacy Act* for the purpose of administering burn permits. Should you have any questions about the collection of this personal information, please contact the Village office at 250-282-5512.

	I will have enough equipment and labour available where the fire is located to effectively control it from spreading, causing damage, or becoming dangerous to life or real property. I will personally supervise the fire until the fire is completely extinguished.		
	I agree to abide by the terms outlined in the Burning Permit issued to me by the Fire Chief.		
Signature of Applicant		 Date	
Pleas	e allow 3 business days f	r processing of application	
<u>Office</u>	use only:		
Fee: _			
PAYM	ENT OF FEES:(chec	if paid)	

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