

APPLICATION FOR PERMIT: BONFIRE/OPEN BURNING

**DETROIT FIRE DEPARTMENT
FIRE MARSHAL DIVISION**
250 W. Larned Street, Detroit, Michigan 48226
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only

Fee Paid: _____
App. #: _____ Permit #: _____

PLEASE TYPE OR PRINT LEGIBLY:

1. Applicant Name: _____ Position: _____
2. Business/Company Name: _____
3. Business Address: _____
4. Office Phone: _____ Alternate Phone: _____ Fax: _____
5. Site (Permit Location) Address: _____
6. Location of Burn operations (minimum of 50 feet from structures).

7. List names of Burn Crew and Supervisor of employees assigned to assist operation for which permit is requested.

8. On a separate sheet, describe, with specificity, the burning operation/activity at Site and submit a 'Prescribed Burning Plan' detailing any safety precautions implemented, what fuel source will be used during the burn and how it will be contained, preparations, contingency plans, mop up, etc.?
9. Attach notification letters to governmental agencies, DEQ, community organizations, etc.
10. Detail amount of substance being burned off and the expected time frame for this permit.

AFFIDAVIT OF APPLICANT

State of Michigan _____
County of _____

_____ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: _____ Date: _____

Executed and sworn to before me this _____ day of _____ (MONTH)

(YEAR) _____

Print Name: _____, Notary Public, _____ County

My Commission expires: _____

REV. 05-08