

BUREAU OF FIRE PREVENTION
BURNING PERMIT APPLICATION



PLEASE NOTE: This application is not valid unless submitted to and signed off by a member of the Daphne Fire Department. This permit must be on site during time of burn.

PERMIT REQUEST DATE : _____ BURN DATE(S) REQUESTED: _____

APPLICANT NAME: _____

BURN ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PHONE: _____ ALTERNATE PHONE: _____

CONTACT EMAIL: _____

PROVISIONS

1. Use of rubber fires or products, which create a smoke nuisance, are expressly prohibited in a burning operation
2. Fires must be attended by a competent person at all times with means to control the fire; such as, heavy equipment or a hose line with a water supply
3. Do not place any debris in the incinerator after 5:00 PM
4. The fire must be extinguished before leaving the scene
5. Upon receiving a complaint on smoke nuisance, the fire shall be extinguished if the Fire Official deems it necessary

FIRE DEPARTMENT USE ONLY

Issued by: _____ Date: _____

Employee ID Number: _____ Station Number: _____

Notes: _____