

**BUREAU OF FIRE PREVENTION
BURN PERMIT APPLICATION**



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

APPLICANT NAME: _____

BURN ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PHONE: _____ ALTERNATE PHONE: _____

CONTACT EMAIL: _____

By signing below you are stating that you have received a copy of the Daphne Burning Permit Provisions established by the City of Daphne and agree to the terms stated in the provisions. Failure to comply with the provisions provided will lead to the termination of this permit.

APPLICANT SIGNATURE: _____ DATE: _____

FOR FIRE DEPARTMENT USE ONLY

Issued by: _____ Date: _____

Employee ID Number: _____ Station Number: _____

Notes: _____
