

**CLEAR CREEK FIRE AUTHORITY
OPEN BURNING PERMIT
APPLICATION**

NAME _____

PHONE _____

MAILING ADDRESS _____

BURN SITE PHYSICAL ADDRESS _____

BURN SUPERVISOR _____

PROPERTY OWNER _____

PHONE _____

MAILING ADDRESS _____

PURPOSE OF PERMIT APPLICATION _____

START DATE _____

COMPLETION DATE _____

I have read this packet and accept the terms of this application. I further understand that non-compliance with the procedures of the Open Burning Permit program may result in revocation of the permit.

Signed _____ Date _____