

PERMIT APPLICATION
Prescription Burn
ANN ARBOR FIRE DEPARTMENT

Fire Prevention Bureau
111 North Fifth Avenue ~ Ann Arbor, Michigan 48104
Ph: (734) 794-6961 Fax: (734) 761-3592
Email: fire@a2gov.org

Date: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _(_____)_____

Location of Burn: _____

Circle one: Woodland Prairie Wetland

Property Owner: _____ Phone #: _(_____)_____

Burn Contractor: _____

Site Summary (included)

Description:	Y	N
Site Map:	Y	N
Weather Requirements:	Y	N
Hazard Area:	Y	N

Water Supply: _____

Notification Plan: _____

Special Considerations: _____

Crew Size: _____

It is the responsibility of the individual or contractor requesting the permit to follow the prescription. The individual or contractor could be responsible for any damages which may occur, which may include any Fire Department costs for any related responses.

This permit is valid for 365 days from date issued.

THE FIRE WILL BE REQUIRED TO BE EXTINGUISHED IF IT CREATES A HAZARDOUS OR OBJECTIONABLE SITUATION DUE TO SMOKE OR ODOR EMISSIONS CAUSED BY ATMOSPHERIC CONDITIONS OR LOCAL CIRCUMSTANCES PURSUANT TO INTERNATIONAL FIRE CODE (IFC).

THE FIRE SHALL BE CONSTANTLY ATTENDED UNTIL IT IS EXTINGUISHED PURSUANT TO THE IFC.

Signature of Responsible Party _____ Date: _____

Permit Approved by: _____ Date: _____
(City of Ann Arbor Fire Marshal / Fire Inspector)

Fees: Commercial Burn: \$150

Residential Burn: \$50

DO NOT SEND IN YOUR PAYMENT WITH THE APPLICATION. Fee will be invoiced to the above applicant.