



OPEN AIR BURN PERMIT

Year: _____

Name:	
Are you the registered owner of this property: <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>Please provide a letter of approval from the registered owner</i>	
Municipal Address:	
Mailing Address:	
Email Address:	
Phone Number:	
Location of Appliance: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Back	
Type of Extinguisher on Location	
<input type="checkbox"/> Class "A" Extinguisher <input type="checkbox"/> Garden Hose	
Type of Appliance	
<input type="checkbox"/> Chimenea <input type="checkbox"/> Fire Bowl <input type="checkbox"/> Outdoor Fireplace	
Type of Permit Requested	
<input type="checkbox"/> Recreational Residential	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal

BY SIGNING BELOW, THE APPLICANT AGREES TO COMPLY WITH THE PROVISIONS OF THE OPEN AIR BURNING BY-LAW OF THE CORPORATION OF THE TOWN OF COBALT AND AGREES TO ASSUME RESPONSIBILITY FOR ANY DAMAGES OCCURRING FROM THE FIRE FOR WHICH THIS PERMIT IS ISSUED.

PLEASE NOTE:

- FIRE PERMIT CAN TAKE UP TO 5 BUSINESS DAYS TO BE ISSUED.
- NOT PERMITTED TO BURN UNTIL THIS PERMIT IS APPROVED AND IN YOUR POSSESSION.

Applicant Signature: _____

Date: _____

Administrative Use Only		
Fire Department Signature:		Receipt: #
		Fee: \$
Permit:	Notes:	Received Stamp
<input type="checkbox"/> Approved		
<input type="checkbox"/> Declined		
BURNING PERMITTED FROM 6PM TO MIDNIGHT ONLY		