

ALLEGHENY COUNTY HEALTH DEPARTMENT
OPEN BURNING PERMIT APPLICATION

AIR QUALITY PROGRAM
301 39TH STREET, BUILDING #7
PITTSBURGH, PA 15201

For Department Use Only
Application #:

Phone: (412) 578-8115; Email: AQReports@allegHENYcounty.us

OPEN BURNING WITH AN AIR CURTAIN DESTRUCTOR PERMIT APPLICATION
(FOR DISPOSAL OF "CLEARING AND GRUBBING WASTES" ONLY)

**A NON-REFUNDABLE PERMIT APPLICATION FEE IN THE AMOUNT OF \$318.00
PAYABLE TO 'ALLEGHENY COUNTY AIR POLLUTION CONTROL FUND' MUST BE ENCLOSED.**

1. APPLICANT/COMPANY

Name: _____
Representative's Name: _____ Phone: _____
Email Address: _____ (Fax): _____
Mailing Address: _____ Zip code: _____
Signature: _____ Date: _____

2. SITE LOCATION AND DESCRIPTION

Date (s) of Burning: _____
Permit to be issued for specified period not to exceed three (3) months.

Time (s) of Burning: _____ AM/PM to: _____ AM/PM

Street Address of Site: _____

Municipality: _____ Zip code: _____

Contact Person and On Site Phone Number: _____

Please attach map of area showing all structures, roadways, etc. within 800 feet of the proposed burn area. Show proposed pit location(s).

Distance to Closest: Structure: _____ feet; Public Area: _____ feet; Roadway: _____ feet;

Property Line: _____ feet; and Utility: (Poles, Cables, etc.) _____ feet.

Please Describe Material That Is To Be Burned: _____

Estimated Weight/Acreage to Be Burned _____ Daily _____ Total

Means Available to Extinguish Proposed Fire Under:

Normal Conditions: _____

Emergency Conditions: _____

Means of Disposal of Ash _____

3. AIR CURTAIN DESTUCTOR INFORMATION

Name, Model Number, and Description of Air Curtain Destructor: _____

Dimensions of Pit: Width _____ feet; Length _____ feet; Depth _____ feet

Please attach specifications for air curtain destructor.

4. OWNER OR LESSEE OF PROPERTY (if other than Applicant)

Name: _____

Representative's Name: _____ Phone: _____

Mailing Address: _____ Zip Code: _____

Remarks: _____

Signature: _____

Permit Recommended

Permit not Recommended

5. ELECTED LOCAL MUNICIPAL OFFICIAL (or authorized representative)

Name: _____ Title: _____

Municipality: _____ Phone: _____

Remarks: _____

Signature: _____

Permit Recommended

Permit not Recommended

6. LOCAL FIRE MARSHAL OR FIRE DEPARTMENT CHIEF

Name: _____ Title: _____

Fire Department: _____ Phone: _____

Remarks: _____

Signature: _____

Permit Recommended

Permit not Recommended

APPLICANT ASSUMES ALL RESPONSIBILITY FOR LIABILITY AND FOR CONTACTING LOCAL FIRE DEPARTMENT 24 HOURS BEFORE BURNING

Do not write below this line (for bureau use only)

Inspected by (print): _____ Date: _____

Comments: _____

Permit Recommended

Permit Not Recommended

Inspector Signature: _____

Supervisor Signature: _____ Date: _____

Permit Approved

Permit Not Approved

Conditions: _____
