

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

ABATEMENT OF A FIRE OR PUBLIC HEALTH HAZARD APPLICATION (* must be supervised by public official)

Please briefly describe health hazard: _____

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

Street Address of Site: _____

Municipality: _____ Zip code: _____

Please attach map of area showing all structures, roadways, etc. within 800 feet of the proposed burn area.

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: _____

Size of Pile/Structure: Width: _____ feet; Length: _____ feet; Height: _____ feet.

Means Available to Extinguish Proposed Fire Under Normal Conditions: _____

3. OWNER OF PROPERTY (if other than applicant)

Name: _____ Phone: _____

Mailing Address: _____ Zip Code: _____

Signature: _____

Permit Recommended Permit not Recommended

4. ELECTED LOCAL MUNICIPAL OFFICIAL (or authorized representative)

Name: _____ Title: _____

Municipality: _____ Phone: _____

Signature: _____

Permit Recommended Permit not Recommended

5. LOCAL FIRE MARSHAL OR FIRE DEPARTMENT CHIEF (or authorized representative)

Name: _____ Title: _____

Fire Department: _____ Phone: _____

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: _____