



Office of the Fire Marshal

Homeland Security

Emergency Management

Application for Open Burning Permit

Name: _____

Mailing Address: _____ City/St/Zip _____

Phone: _____ Alt. Phone: _____ Fax: _____

Submitting Company Name: _____

Address: _____

Contact: _____

Address or Tract of Land this permit will be issued to (provide address or legal description):

This permit will be valid for one calendar year from January 1st to December 31st unless a date is designated below.

This permit will be valid through the following date: _____.

Fees are due at the time of application. Make checks payable to "Denton County."

This permit cannot be transferred or conveyed to any other individual or property location.

The issued permit is subject to revocation by the code official due to non-compliance of the codes regulated by the permit holder.

Permit holder is required to contact proper authority for burn day information and logging of burns.

<input type="checkbox"/> Bonfire	One Time	\$0.00
<input type="checkbox"/> Private (Annual for Individual)	Use on private property	\$0.00
<input type="checkbox"/> Agriculture (Silvaculture)	Crop and land clearing	\$0.00
<input type="checkbox"/> Commercial (per project)	< 20 acres	\$250.00
<input type="checkbox"/> Commercial (per project)	> 20 acres	\$500.00

The authority to conduct outdoor burning under this regulation does not exempt or excuse any person responsible from the consequences, damages, or injuries resulting from the burning and does not exempt or excuse anyone from complying with all other applicable laws or ordinances, regulations, and orders of governmental entities having jurisdiction, even though the burning is otherwise conducted in compliance with this regulation.

Applicant agrees to above and has received a copy of the rules and regulations for open burning. _____
Initial

Applicant verifies that he/she has signed this application in the capacity designated, if any, and further attests that he/she has read this document and understands its meaning.

Applicant Signature

Date

To be completed by County Office

Permit Number: _____

Fees Paid: Yes No N/A

Date: _____

Time: _____

Received by: _____