

O'FALLON FIRE PROTECTION DISTRICT

111 LAURA K DRIVE, O'FALLON MO 63366-3990

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BOARD OF DIRECTORS

William Laughlin
Matthew Simmons
Matthew Gober



FIRE CHIEF
Thomas Vineyard

APPLICATION FOR OPEN BURNING

(BURN SEASON: SEPTEMBER 16TH – APRIL 14TH)

Date of Application: X _____
Name of Applicant: X _____
Address: X _____
City/State: X _____
Phone#: X _____

APPLICANT PLEASE INITIAL:
***Burning will take place outside
City Limits and/or outside a City
Municipality. Burning will take
place in an unincorporated area
only X _____***

In accordance with your request, permission is hereby granted to open burn only a small quantity of vegetation waste located at the following address: **(write "Same" if address is same as above)**

X _____

This PERMIT EXPIRES ____/____/____ and is subject to the following conditions and stipulations.

1. Burn brush or tree limbs in small amounts (4'x4') piles to minimize smoke and ash emissions. No burning will be conducted on exceptionally windy days.
2. Open burning shall be supervised at all times and appropriate fire-fighting equipment will be on hand.
3. Under no circumstances shall tires, plastics, coated electrical wires, roof shingles, household refuse, leaves and/miscellaneous solid wastes be burned. Burning of these items is prohibited by state law.
4. All burning will take place at times **between the hours of 10:00 A.M. and 4:00 P.M. and at least 100 feet from the nearest building or dwelling.**
5. The O'Fallon Fire Protection District shall be notified and approval to burn granted daily prior to burning.
6. Applicant is responsible for preventing any smoldering fires after the burning hours as defined in item #4 as stated above.
7. Permission to burn doesn't relieve the applicant of his/her obligation to comply with County, State and Federal rules or regulations.
8. Should the stipulations of this permit be violated, or if a complaint or nuisance situation be created by this open burning, the O'Fallon Fire Protection District and/or the Department of Natural Resources may revoke this permit according to 10 CSR 10-5.070 and/or 10 CSR 3.030 Open Burning Restrictions applicable to the St. Louis Region.

I understand the above conditions and stipulate to them X _____
(Applicant Signature)

Sincerely,

Mark A. Morrison
Fire Marshal

OFPD INITIALS _____

"Committed to Protecting our Community"