

PRESCRIBED BURN REQUEST FORM

FOR THE TOWN OF EAGAR IN CONJUNCTION WITH THE ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

(Please type or print legibly)

1. Applicant Name: _____
- Mailing Address: _____
- City, State, Zip: _____
- Phone # / Fax #: _____
- Email address: _____

2. Physical location of burn (Please provide one of the following)

Address: _____

City: Eagar County: Apache Zip: 85925

OR Latitude/Longitude, Elevation: _____

UNDER NO CIRCUMSTANCE are we allowed to burn household trash, plastics, tires, tar roofing shingles or any materials that may produce toxic smoke or gases.

3. IS THE LOCATION OF THE BURN?

Residential Agricultural Range Land Construction Landfill

Other: _____

4. WHAT TYPE OF MATERIAL IS TO BE BURNED?

Brush Grass Crop Weeds Untreated Wood/Lumber

Cut tree(s), please state diameter _____ Inches Other: _____

5. WHERE ARE THE MATERIALS TO BE BURNED?

in a **Pile** in a **Pit** in or along a **Ditch** in a **Field**

6. WHAT IS THE PURPOSE(S) FOR BURNING: (Mark all that apply)

Weed Abatement Fire Prevention Range Improvement Crop Removal

Other _____

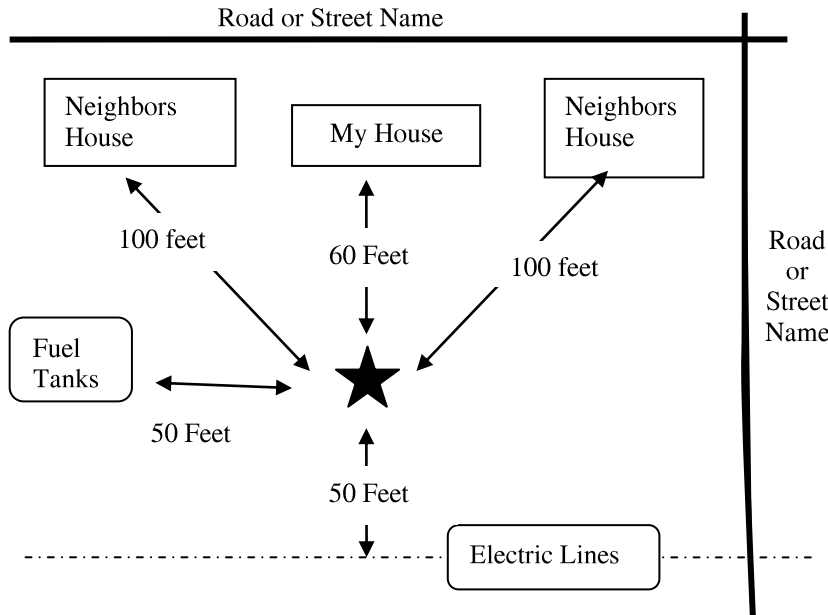
7. The following actions should be taken prior to us conducting the burn:

- Minimize the amount of materials to be burned;
- Allow the material to dry before requesting us to burn;
- Clear around the area where the burn will be conducted;
- Rake or clear away any debris that has collected along fences, trees, buildings, wood piles, propane tanks or other property that you do not wish to be burned;
- Minimize the soil content in slash piles; hand piling the materials is preferred;
- Place materials in piles when possible;
- Other _____

8. Burn areas must be a **safe distance** from all structures including your home, your neighbor's home, out buildings, business and utilities which include but are not limited to phone lines and boxes, power lines and poles. **(PLEASE NOTE: the recommend safe distance is 50 feet for open pile burning.)**

Please provide one of the following: a hand drawn map; a map from Google/Bing/MapQuest/county assessor or a parcel map. The map should include the burn area, any traveled roads, and the distance from nearby buildings or structures that are under your ownership or another person's ownership; please include fuel tanks, power or phone lines. In your map, please use lines to note the distances between the burn location and any buildings/structures in feet.

EXAMPLE



Please attach or draw a map of the property and mark where the burn is to take place using the example provided. Map may be drawn on the back of this request; map does not need to be to scale.

NOTE: Filling out a request form does not guarantee the Department will be able to conduct the burn, only that it will be placed on our request list. Burns are conducted by the Department as weather, time and manpower permit. All burn sites are inspected prior to burning. The Department **will not burn** debris piles that contain petroleum products, rubber, plastics, tires, carpet, appliances or any other non-organic material.

EAGAR FIRE DEPARTMENT
111 N BUTLER STREET
PO BOX 1300
EAGAR, ARIZONA 85925-1300
(928) 333-4363 non-emergency number

I REQUEST AND GRANT PERMISSION FOR THE EAGAR FIRE DEPARTMENT TO CONDUCT PRESCRIBED BURNING AT THE ADDRESS LISTED ON THIS APPLICATION. I CERTIFY THAT I AM THE OWNER/AGENT OF THIS PROPERTY.

GRANTING PERMISSION FOR THE FIRE DEPARTMENT TO CONDUCT BURNING DOES NOT PRESENT A LIABILITY TO THE PROPERTY OWNER/AGENT. THE LIABILITY WILL RESIDE WITH THE FIRE DEPARTMENT WHEN THE PERMIT IS APPROVED AND THE BURN IS CONDUCTED; PROVIDED THE PROPERTY OWNER/AGENT HAS COMPLETED THE REQUIREMENTS LISTED IN ITEM 7 ABOVE.

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief. All open burning will be conducted in accordance with the Arizona Administrative Code, Title 18, Chapter 2.

Signature: _____ Date: _____

Typed or printed name of signer: _____

Authorizing Signature: _____

THIS SECTION TO BE COMPLETED BY FIRE DEPARTMENT PERSONNEL

INCIDENT REPORT NUMBER: _____

DATE BURN WAS COMPLETED: _____

HOW LONG DID THE BURN LAST IN HOURS: _____?

HOW MANY DAYS DID IT TAKE TO COMPLETE THE BURNING: _____?

HOW MUCH MATERIAL WAS BURNED,

Number of **piles** _____, or Number of **acres** _____, or Number of **cubic yards** _____.