



CITY OF SANTA FE
FIRE DEPARTMENT

Fire Prevention Use Only: Date Requested: _____ Date of Burn: _____ Permit #: _____

BURN PERMIT APPLICATION

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

BURN SITE LOCATION: _____

OWNER/BUSINESS NAME: _____

PURPOSE OF BURN: _____

TYPE OF BURN MATERIALS: _____

PROTECTIVE MEASURES: (i.e. fire extinguisher, hose at what distance from burn, etc.)

DATE OF BURN: _____

START TIME OF BURN: _____ END TIME OF BURN: _____

ADDITIONAL INFORMATION, SECONDARY CONTACT, ETC: _____

DISCLAIMER:

Application must be submitted 72 hours prior to burning. Applications received less than 72 hours in advance will not be approved.

APPLICANT SIGNATURE: _____ DATE: _____