

## City of Santa Fe Fire Department

P.O. Box 909, 200 Murales Road · Santa Fe, New Mexico 87504 (505) 955-3110 · FAX (505) 955-3115

Fire Prevention Use Only:  Date Request Received: Date of Bur	n: Permit #:	
BU	RN PERMIT APPLICATION	
APPLICANT NAME:		
MAILING ADDRESS:	CITY, ZIP:	
PHONE: ()	FAX: ()	
E-MAIL:		
BURN SITE LOCATION:		
OWNER/BUSINESS NAME (if ap	plicable):	-
PURPOSE OF BURN:		-
TYPE OF BURN MATERIALS IN	IVOLVED:	- -
3	fire extinguisher, hose at what distance from burn	, etc.):
START TIME OF BURN:	END TIME OF BURN:	
ADDITIONAL INFORMATION, S	SECONDARY CONTACT, ETC.:	
APPLICANT SIGNATURE:	DATE:	

Please indicate if you are non-profit by checking this box. Proof must be given of non-profit status.

\$10 fee for all burn permits, except non-profits