Town of Jacksonport Fire Department
County of Door
Burning Permit

☐ **Regular** ☐ **Special** ☐ **Special Trash Burning Container**

_____ is hereby authorized to set fire on that land owned or controlled
(Name of applicant)

by him/her as described below and limited under the following restrictions:

Fire Number: _____ Road: _____ Town: _____

1. **No burning of asphalt, rubber, plastic or oily substances. (No petroleum products)**
2. **No burning of painted wood**
3. **Materials to be burned: _____**
4. **Volume / quantity to be burned: _____**
5. **Permit hours for burning: _____ to _____**
6. **This permit is good from _____, 20____ to _____, 20 ____**

_____
(Fire Chief or Designated Town Official

I hereby agree to use all possible care in setting fire under this permit and to be responsible for all damages by such fire. I further understand this permit is revoked upon violations of its restrictions. This permit is also subject to restrictions below. **READ BEFORE SIGNING**

Restrictions:

1. This is a one-day permit only
2. Burn when the winds are gentle
3. Have fire fighting tools on the site before you start the fire.
4. An adequate fire break must be around the material to be burned.
5. The fire must be totally extinguished before you leave.
6. Additional Restrictions:

   _____
   _____
   _____
7. Burn site may be check by Fire Department if conditions warrant:

I understand that I am responsible if my fire gets away. I understand I am liable for all expenses incurred in suppressing a fire and I will be responsible for all damages caused by this fire.

_____ _____
(Signature of person to whom permit is issued) **(Telephone Number)**

_____
(Address of person signing)