

**CITY OF DeLand FIRE DEPARTMENT
COMMERCIAL LAND CLEARING BURN PERMIT**

DATE ISSUED: _____ ISSUED BY: _____
BURN DATE: _____
BURN LOCATION: _____
ISSUED TO: _____
ADDRESS: _____
PHONE: (____) _____
RESPONSIBLE PARTY: _____
ADDRESS: _____ PHONE: _____
(____) _____

REQUIREMENTS TO BURN:

Authorization to burn, using an **acceptable air curtain burner**, by the above mentioned party is hereby given. Said party has agreed to meet all requirements as set forth in the City of DeLand ordinances and the instructions of the Fire Department and has paid the designated fee. Burn Permits are issued for **seven (7) consecutive days at \$ 25.00 per permit.**

Prior to burning each day, the contractor is required to call the Division of Forestry [386] 446-6787 to obtain permission to burn depending on the weather conditions and burn index. The Division of Forestry will issue a burn permit number. The contractor must call the DeLand Fire Department [386] 740-5834/35 for notification of the approved burn and DOF number. **BURN HOURS ARE FROM 0900 UNTIL ONE (01) HOUR BEFORE SUNSET.**

Comments: _____

If at anytime, the burning creates a nuisance or hazard, in the opinion of the Fire Marshal or Incident Commander of the City of DeLand Fire Department, the fire shall be extinguished by the permit holder.

If for any reason, the City of DeLand Fire Department has to extinguish the burning, the Responsible Party shall pay **a minimum of one hundred thirty (\$ 130.00) dollars or the actual cost, which ever is greater.**

I have read and understand that I have permission to burn subject to the above mentioned conditions and that I am responsible for and subject to any fees or fines as referenced above.

CONTROLLED BURNS WILL BE ATTENDED AT ALL TIMES

Signature of Responsible Party

Fee: \$ _____ Received by: _____ Date : _____

FAXED TO DOF: (386) 446-6789
FAXED TO ECC: (386) 254-5110