



# OPEN BURNING PERMIT APPLICATION

1. Applicant Name: \_\_\_\_\_
  - a. Mailing Address: \_\_\_\_\_
  - b. City, State, Zip: \_\_\_\_\_
  - c. Phone # / Fax #: \_\_\_\_\_
  - d. Email address: \_\_\_\_\_
  - e. First-time applicant:  Yes  No If No, Permit # \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Or

Parcel Number: \_\_\_\_\_

Or

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Or

Latitude/Longitude, Elevation: \_\_\_\_\_

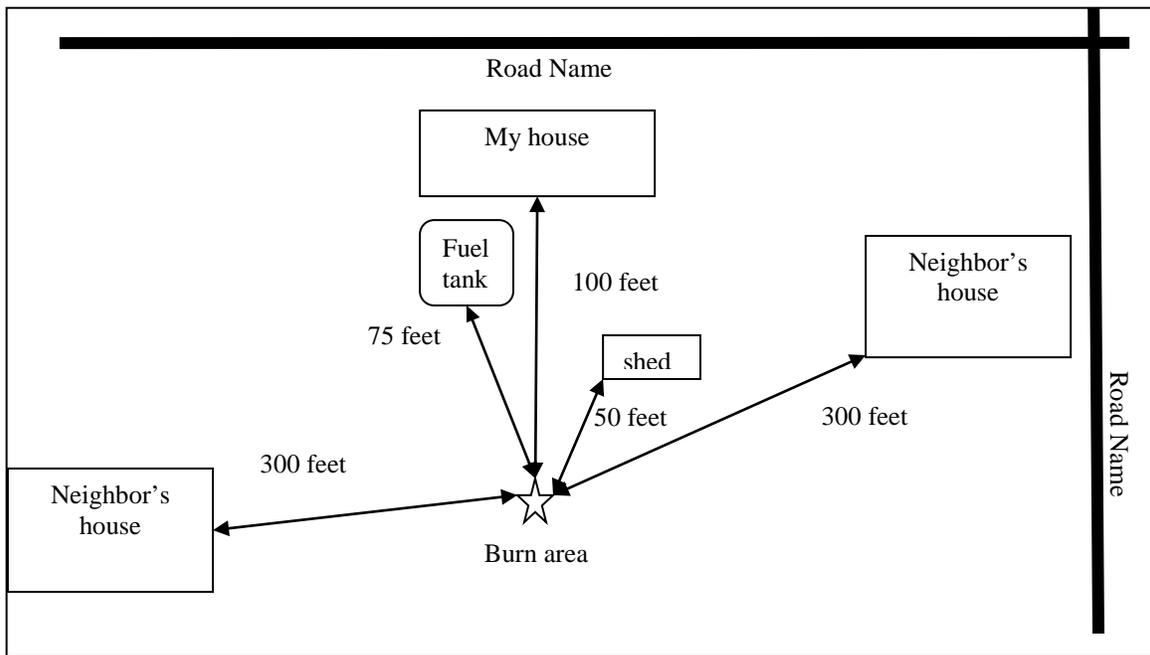
3. Description of burning location:  Residential  Agricultural  Construction  
 Range Land  Other (state: \_\_\_\_\_)

*["Agricultural Burning" means burning vegetative materials related to producing and harvesting crops and raising animals for the purpose of marketing for profit or a providing a livelihood, but does not include burning of household waste or prohibited materials. A person may conduct agricultural burns in fields, piles, ditch banks, fence rows, or canal laterals for purposes such as weed control, waste disposal, disease and pest prevention, or site preparation.]*

4. Type of material to be burned:  Brush  Grass  Crop  Weeds  
 Untreated Wood/Lumber  
 Cut tree(s), please state diameter \_\_\_\_\_ Inches  
 Other, please explain \_\_\_\_\_

5. Estimated quantity of material to be burned:  Number of cubic yards \_\_\_\_\_, or  
 Number of piles \_\_\_\_\_, or  
 Number of acres \_\_\_\_\_





13. Fire controls available (e.g., water hose, shovels, dirt): \_\_\_\_\_

\_\_\_\_\_

14. Nearest Fire Department: \_\_\_\_\_

15. Fire department phone #: \_\_\_\_\_

16. Please contact your local fire department before burning. You may be required to obtain a permit from them, before being allowed to burn.

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. I further state that I will assume responsibility for conducting open burning in accordance with the Arizona Administrative Code, Title 18, Chapter 2 and any open burning permit issued thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed or printed name of signer: \_\_\_\_\_

Mailing Addresses:

If the burning is to be conducted in **Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Santa Cruz, Yavapai or Yuma Counties** please mail/fax to:

**Arizona Department of  
Environmental Quality  
ATTN: Air Quality Division  
1110 W. Washington Street  
Phoenix, AZ 85007  
Phone #: (602) 771-2338  
Fax #: (602) 771-2299**