



TEMPLE TERRACE FIRE DEPARTMENT

DEPUTY FIRE MARSHAL'S OFFICE

124 Bullard Parkway, Temple Terrace, FL 33617 • 813.506.6700 • Fax: 813.506.6701 • mhagewood@templeterrace.com

BURN PERMIT APPLICATION

The City of Temple Terrace hereby issues the organization listed below a burn permit in accordance with the following provisions:

1. The fire must be in accordance with one of the following guidelines:
 - a. Built within the confines of a portable container.
 - b. Built within the confines of a pit. This pit must be dug 18" deep.
 - c. Built within the confines of a temporary holding area. This holding area must prevent the fire from spreading.
2. Burning material must consist of vegetation only. The burning of junk, trash, garbage, construction or demolition debris, rubber, oil or grease, paints, solvents or any material other than vegetation is strictly prohibited.
3. A water source, such as a garden hose, must be available in the area of the burn.
4. There shall be no burning during any directional winds exceeding 15 MPH.
5. The fire must be more than 50 feet from all structures and not under any trees.
6. All materials to be burned shall be adequately dried as to not produce excessive smoke, soot, odor or visible emissions and shall consist only of naturally occurring vegetation.
7. Supplementary fuel shall not be used to burn materials.
8. The burning shall be under the supervision of a competent person, who shall have at his/her disposal the means to quickly extinguish the burning material. Failure to provide such continual supervision will result in immediate revocation of the open burning permit.
9. This permit may be revoked at any time when, in the opinion of the Fire Chief, Fire Marshal or other duly authorized representative of the Fire Department, or as prescribed by the State Fire Marshal's Office, conditions are such as to create a hazard to the public or the surrounding area. Burning pursuant to this authorization constitutes the applicant's acceptance of this condition.
10. This written authorization will be available on site during the period of the burning.

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Organization: _____ Operator at Fire Location: _____

Mailing Address: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Date of Open Burn: _____ Material to Burn: _____

Address/Location of Burn: _____

Start time of Fire: _____ End Time: _____

Drivers License #: _____ State: _____

I certify that I will comply with the above provisions and that my contact information is true.

Name: _____ Signature: _____ Date: _____

RISK REDUCTION OFFICE USE ONLY			
Approved: _____	Denied: _____	Zone: _____	Permit #: _____
_____ Signature of Deputy Fire Marshal/Division Chief of Risk Reduction			