Illinois Environmental Protection Agency

DISASTER AREA OPEN BURNING PERMIT APPLICATION FORM
217-782-2113 FAX-217-524-5023

1. Applicant
   Name:__________________________________________
   Address:__________________________________________ Zip:________
   Contact Person:____________________________________
   Phone:(___)_____________________________________

2. Site
   Address:__________________________________________
   County:__________________________
   Township:__________________________

Attach to this application a printed map of the general area of the site(s) with the burn location and nearby features marked.

3. Duration and Schedule
   Estimated duration of open burning:_______________ Total Hours
   If open burning will occur over more than one day:_____ Hours per day
   Anticipated dates for open burning:______________________
   Name of individual to contact on site:______________________
   Phone:(___)_____________________________________

4. Materials to be burned
   Clean wood building debris and lumber:______________ Approx. Cubic Yards

Authorized Signature
The undersigned hereby makes application for a Disaster Area Open Burning Permit and certifies that the statements contained herein are true and correct.

Signature:__________________________________________
Date:____________________________________________

Typed or printed name of Signer:__________________________________________

Title of Signer:__________________________________________