



FOLIO #: \_\_\_\_\_



TOWNSHIP OF SPALLUMCHEEN FIRE PREVENTION BYLAW 2049, 2021  
OPEN BURNING APPLICATION/PERMIT

PERMIT # \_\_\_\_\_-20\_\_\_\_\_

Application approval is subject to the conditions listed on the back side of this form.

Applicant's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Property Owner's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Date/Time of Burn (YYYY/MM/DD): \_\_\_\_\_ From (HH:MM): \_\_\_\_\_ To (HH:MM): \_\_\_\_\_

I (Print Name) \_\_\_\_\_ fully understand, have the authority, and will take full responsibility for the open burning located at (address) \_\_\_\_\_ and will follow the Fire Chief's (or his designates) conditions as noted on the back of this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date Signed

**\*\*Completed Open Burning Permit Applications and all other required information must be submitted to the Township of Spallumcheen Municipal Office a minimum of five business days prior to the scheduled open burn.**

**\*For Staff Use**

**APPROVED**  
 **REFUSED**

**ISSUANCE OF PERMIT**

The Applicant has permission to conduct Open Burning at the above noted address on the following date(s) and time(s) based on the following conditions located on the back of this form being strictly adhered to:

ISSUED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**FIRE CHIEF (or his designate)  
ARMSTRONG-SPALLUMCHEEN FIRE DEPARTMENT**

The personal information on this form is collected under the authority of the Armstrong-Spallumcheen Fire Department Bylaw, the *Fire Services Act* and the *Community Charter* and will be used only for the purpose for which it was collected or for a use consistent with that purpose.

**Open Burning Conditions**

I (print name) \_\_\_\_\_ acknowledge and understand that:

***(Initial Each Clause)***

The untreated wood, prunings, branches, tree trunks, and tree stumps; and other Vegetation; has been allowed to dry for at least one (1) year and do not constitute compostable materials.

Burning of household garbage shall not be permitted anytime.

No person shall conduct Open Burning of Construction Waste, Domestic Waste or Demolition Waste without a valid Permit issued for same.

No person shall kindle, light, ignite, start, allow or cause to be lighted or maintain a Fire on any lane, street, road, highway, boulevard, easement, right-of-way, or any other property owned by the Township.

Prohibited Materials shall not be subject to Open Burning at any time unless the Fire Chief issues a Permit outlining what items are permitted for such Open Burning.

It is my responsibility to ensure the Ventilation Index has been rated as “good” prior to burning and understand I may be subject to fines if it is not.

It is my responsibility to ensure the weather conditions allow for rapid dispersion of the Smoke emissions. Information regarding the Air Quality Health Index can be found at [www.bcairquality.ca/readings/](http://www.bcairquality.ca/readings/) and information regarding Air Dispersion Modelling at [www.bcairquality.ca/pdf/primer-bc-aq-dispersion-modelling-guideline-2015](http://www.bcairquality.ca/pdf/primer-bc-aq-dispersion-modelling-guideline-2015). If I am not sure I will not burn. I am aware I may be subject to fines if it is not.

I will extinguish the fire if the wind conditions create sparks, ash or cinders that may cause the fire to spread beyond the controlled area of the open burning.

I am a competent person, being no less than 18 years of age and will be present and supervising the Fire at all times while it is burning or smoldering and until such time as the Fire is completely extinguished.

I am responsible to ensure there are appropriate fire extinguishing materials in place and on site at all times during the burn and will not burn piles that I cannot quickly extinguish if the conditions change.

**Additional Conditions:**

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