

SASKATOON FIRE DEPARTMENT

BYLAW NO. 7990 SUBSECTION 18(7) Phone: (306) 975-2578

Fax: (306) 975-2589

Email: fireinspections@saskatoon.ca

$\frac{\textbf{PERMIT TO BURN}}{\underline{\textbf{APPLICATION}}}$

Please allow 14 calendar days from date of application for response

Date of Application:		
Permit Issued to: Name:		
Email Address:		
Organization:		
Date(s) & Time of Burn:		
Burn Site Location:		
Onsite Attendant Cell #:		
Material to be Burned:		
Type of Receptacle: (Please include, with this	application, a photograph of the	receptacle that will be used.)
Competent and constant atten	dants to be left in charge of such fire t	o keep it well under control.
Contact Fire Central Dispatch extinguishment. In the event	of an emergency call 911.	ment of burn, and again upon
*	his permit that the applicant, whose sigury or damage to person or property	
Signature of Applicant		