

*Illinois Environmental Protection Agency*

**DISASTER AREA**  
**OPEN BURNING PERMIT APPLICATION FORM**

217-782-2113      FAX-217-524-5023

FOR AGENCY USE

I.D. No \_\_\_\_\_

App. No. \_\_\_\_\_

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: \_\_\_\_\_