



COCHRANE FIRE DEPARTMENT / SERVICE D'INCENDIE

OPEN AIR BURNING PERMIT

DATE: _____

NAME: owner/agent _____ PHONE # _____

CIVIC ADDRESS: _____

CONCESSION/ROAD: _____

TOWNSHIP: _____

Permit valid for 14 days, including the _____ day of _____ and including the _____ day of _____

subject to the following conditions:

THE FIRE SHALL BE SUPERVISED AT ALL TIMES

- This permit is not valid between 08:00 hours & 18:00 hours on any day
- Piles of debris not to be more than 2 meters in diameter & less than 2 meters high unless **APPROVED**
- **Grass burning not to exceed 1 hectare and the flaming edge not to exceed 30 meters at any one time**
- Sufficient man power & firefighting equipment shall be at the fire site to control the fire
- No burning in high winds or high hazard ratings
- Burning permits may be revoked by the Cochrane Fire Department, OPP, Ministry of Natural Resources or any Government Agency having jurisdiction

In the event of a **RESTRICTED FIRE ZONE**, declared by the MNR, **ALL BURNING must be extinguished, at your expense!**
Failure to do so could result in charges under the FPPA.

REPORT WILD FIRES TO THE COCHRANE FIRE DEPARTMENT BY DIALING 911 OR TO THE MINISTRY OF NATURAL RESOURCES 310-FIRE (3473)

Failure to follow the regulations as set on this permit can result in a fine \$150.00 plus the victim fine surcharge and the costs incurred to extinguish

Permit may be subject to an automatic renewal if approved by the Fire Chief or alternate _____

Automatic renewal can be revoked at any time depending on conditions.

PERMIT ISSUED BY: _____

I have read and accepted all conditions and liabilities of this permit:

Print: _____

Signature: _____