

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: _____