

HUNTSVILLE

The Star of Alabama

Natural Resources Department

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Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: _____ Last Name: _____

Email Address: _____

Contact Phone Number: _____

PERMIT APPLICATION FOR OPEN BURN

Name: _____ Date: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

After Hour Contact: _____ Phone No.: _____

Material to be Burned: _____ Acres Cleared: _____

Location of Burn: _____

Distance to Nearest Inhabited Structure: _____ (feet)

Air Curtain Destructor Manufacture: _____ Model: _____

Type of Open Burning:

*Silvicultural: _____ *Horticultural: _____

*Agricultural: _____ **Health: _____

Ceremonial: _____ Land Clearing: _____

Other: _____

*Approval is required from a representative of the Alabama Forestry Commission or the Alabama Extension Service attesting to the fact that the open burning as proposed is a recommended or approved practice for silvicultural, horticultural, or agricultural purposes.

**Approval from a representative of the Health Department is required for removal of pest, germs, dead animals, etc. by open burning.

Name of person preparing application

Signature

Date