

	BROOMFIELD HEALTH & HUMAN SERVICES PUBLIC HEALTH DIVISION Environmental Health Office Air Quality Program	6 Garden Center Broomfield, CO 80020 720-887-2220 720-887-2229 (Fax)
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APPLICATION FOR OPEN BURNING PERMIT

APPLICATION ONLY — Allow 7 working days to process

Classification of proposed burn:

() Agricultural () Forest Management () Other, specify: _____

I. APPLICANT INFORMATION:

Name: _____ Phone #: _____

Mailing Address: _____

City State Zip Code

Address or location of proposed burn (if different than above) _____

Material to be burned _____

Proposed starting date _____ Proposed completion date _____

II. AUTHORIZING SIGNATURE:

All applications must contain an authorizing signature from North Metro Fire Rescue.

Signature _____

North Metro Fire Rescue Agent

Mailing address of Fire Dept. _____

City Zip Code

Phone # of Fire Department _____ Comments _____

PUBLIC HEALTH DIVISION USE ONLY	
Field inspection notes: _____	

Approved ____ Denied ____	Signature _____ Date _____
Permit # _____	