

ALLEGHENY COUNTY HEALTH DEPARTMENT  
OPEN BURNING PERMIT APPLICATION

AIR QUALITY PROGRAM  
301 39<sup>TH</sup> STREET, BUILDING #7  
PITTSBURGH, PA 15201

For Department Use Only  
Application #:

Phone: (412) 578-8115; Email: AQReports@allegHENYcounty.us

**OPEN BURNING WITH AN AIR CURTAIN DESTRUCTOR PERMIT APPLICATION**  
**(FOR DISPOSAL OF "CLEARING AND GRUBBING WASTES" ONLY)**

**A NON-REFUNDABLE PERMIT APPLICATION FEE IN THE AMOUNT OF \$300.00  
PAYABLE TO "ALLEGHENY COUNTY AIR POLLUTION CONTROL FUND" MUST BE ENCLOSED.**

**1. APPLICANT/COMPANY NAME:** \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (Fax): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. SITE LOCATION AND DESCRIPTION**

Date (s) of Burning: \_\_\_\_\_  
Permit to be issued for specified period not to exceed three (3) months.

Time (s) of Burning: \_\_\_\_\_ AM/PM to: \_\_\_\_\_ AM/PM

Street Address of Site: \_\_\_\_\_

Municipality: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person and On Site Phone Number: \_\_\_\_\_

Please attach map of area showing all structures, roadways, etc. within 800 feet of the proposed burn area. Show proposed pit location(s).

Distance to Closest: Structure: \_\_\_\_\_ feet; Public Area: \_\_\_\_\_ feet; Roadway: \_\_\_\_\_ feet;

Property Line: \_\_\_\_\_ feet; and Utility: (Poles, Cables, etc.) \_\_\_\_\_ feet.

Please Describe Material That Is To Be Burned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Weight/Acreage to Be Burned \_\_\_\_\_ Daily, \_\_\_\_\_ Total

Means Available to Extinguish Proposed Fire Under:

Normal Conditions: \_\_\_\_\_

Emergency Conditions: \_\_\_\_\_

Means of Disposal of Ash \_\_\_\_\_

**3. AIR CURTAIN DESTUCTOR INFORMATION**

Name, Model Number, and Description of Air Curtain Destructor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dimensions of Pit: Width \_\_\_\_\_ feet; Length \_\_\_\_\_ feet; Depth \_\_\_\_\_ feet

Please attach specifications for air curtain destructor.

**4. OWNER OR LESSEE OF PROPERTY (if other than applicant)**

Name: \_\_\_\_\_  
Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
Signature: \_\_\_\_\_  
 Permit Recommended  Permit not Recommended

**5. ELECTED LOCAL MUNICIPAL OFFICIAL (or authorized representative)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Phone: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
Signature: \_\_\_\_\_  
 Permit Recommended  Permit not Recommended

**6. LOCAL FIRE MARSHAL OR FIRE DEPARTMENT CHIEF (or authorized representative)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Fire Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
Signature: \_\_\_\_\_  
 Permit Recommended  Permit not Recommended

**APPLICANT ASSUMES ALL RESPONSIBILITY FOR LIABILITY AND FOR CONTACTING LOCAL FIRE DEPARTMENT 24 HOURS BEFORE BURNING**  
**Do not write below this line (for bureau use only)**

Inspected by (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

Permit Recommended  Permit Not Recommended  Refer to County Fire Marshall

**Inspector Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Approved  Permit Not Approved  Conditions: \_\_\_\_\_

**County Fire Marshall Signature** (if required by Bureau): \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Approved  Permit Not Approved  Conditions: \_\_\_\_\_