

ALLEGHENY COUNTY HEALTH DEPARTMENT
OPEN BURNING PERMIT APPLICATION

AIR QUALITY PROGRAM
301 39TH STREET, BUILDING #7
PITTSBURGH, PA 15201

For Department Use Only
Application #:

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

ABATEMENT OF A FIRE OR PUBLIC HEALTH HAZARD APPLICATION (* must be supervised by public official)

Please briefly describe health hazard: _____

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: _____ Time (s) of Burning: _____ AM/PM to: _____ AM/PM

Street Address of Site: _____

Municipality: _____ Zip code: _____

Please attach map of area showing all structures, roadways, etc. within 800 feet of the proposed burn area.

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: _____

Size of Pile/Structure: Width: _____ feet; Length: _____ feet; Height: _____ feet.

Means Available to Extinguish Proposed Fire Under Normal Conditions: _____

3. OWNER OF PROPERTY (if other than applicant)

Name: _____ Phone: _____

Mailing Address: _____ Zip Code: _____

Signature: _____

Permit Recommended Permit not Recommended

4. ELECTED LOCAL MUNICIPAL OFFICIAL (or authorized representative)

Name: _____ Title: _____

Municipality: _____ Phone: _____

Signature: _____

Permit Recommended Permit not Recommended

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

Name: _____ Title: _____

Fire Department: _____ Phone: _____

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

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: _____