

ALLEGHENY COUNTY HEALTH DEPARTMENT  
OPEN BURNING PERMIT APPLICATION

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

For Office Use Only  
Application #:

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

1. **APPLICANT/COMPANY NAME:** \_\_\_\_\_  
Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (Fax): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **PURPOSE OF BURNING (check all that are applicable)**  
 Ceremony (please describe purpose): \_\_\_\_\_  
 Fostering of Agriculture (please list amount of annual produce in pounds or bushels): \_\_\_\_\_  
 Diseased Vegetation (Please attach certification by recognized expert of diseased trees)  
 Fire Fighting Instruction (e. g. kerosene pan)

3. **SITE LOCATION AND DESCRIPTION**  
Date (s) of Burning: \_\_\_\_\_ Time (s) of Burning: \_\_\_\_\_ AM/PM to: \_\_\_\_\_ AM/PM  
Street Address of Site: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
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: \_\_\_\_\_

4. **OWNER OR LESSEE OF PROPERTY (if other than applicant)**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_  
 Permit Recommended  Permit not Recommended

5. **ELECTED LOCAL MUNICIPAL OFFICIAL (or authorized representative)**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
 Permit Recommended  Permit not Recommended

6. **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: \_\_\_\_\_