



CENTRE FIRE

19971 Kern Road
South Bend, IN 46614
574-291-1677 | Fax 574-291-2111

PROCEDURES AND RESTRICTIONS PERTAINING TO OPEN BURN PERMITS

- The application is **NOT** a permit. Applications must be submitted no less than SEVEN (7) days prior to planned burn date. Once you have returned the completed application to us, a Centre Township Fire representative will visit and inspect the proposed burn site. Upon our approval, we will forward the application to the St. Joseph County Health Department for approval. Upon their approval, they will then mail the **APPROVED** application to you.
- Burning is **NOT** allowed until you receive the approved and signed permit from St. Joseph County Health Department.
- Permits are only valid for the two-week period you indicated on the application.
- All burning must take place between dawn and dusk.
- You must call the fire station prior to burning on the days you intend to burn.
- If a health-related complaint is received, the fire must be extinguished. A permit does not guarantee you the right to burn.
- All burn piles must be no larger than three (3) feet high and five (5) feet in diameter. If your pile(s) are larger, you must feed one small fire from the larger pile(s). Burning must be at least twenty-five (25) feet away from other combustibles such as bushes, wood piles, and buildings.
- Burn site **MUST** always be attended by a competent adult.
- Stumps, grass clippings, leaves, finished lumber and other construction materials are **NOT** allowed to be burned.
- Burn permits are intended for post-storm and seasonal clean-up, not clearing land for construction.

For questions not answered above, please contact Centre Township Fire Department at (574) 291-1677 or (574) 288-5956 or the Environmental Division of the St Joseph County Health Department at (574) 235-9721.

PLEASE KEEP THIS SHEET THROUGHOUT YOUR PERMIT PERIOD

IF FIRE GETS OUT OF CONTROL – CALL 911 IMMEDIATELY



St. Joseph County Department of Health

ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Application For Open Burning Permit

Procedure

1. Complete this form and sign it at the bottom
2. Obtain Fire Department approval
3. Bring or send this application for open burning to the Department of Health

Name: _____ Phone: () _____

Mailing Address: _____ City: _____ State: Indiana Zip: _____

Address of burn site: _____ City: _____ State: Indiana Zip: _____

What do you want to burn? _____

Business or activity: _____

For which two week period do you want this permit? _____

Describe your burning procedure: _____

Fire control measures to be used: _____

Sketch the burn site

North

Fire Department Recommendation

Name of Department: _____

Phone number: () _____

Approval signature of Fire Department

Denial signature of Fire Department

Conditions for burning

1. Immediately advise the Fire Department on the day burning is to begin to avoid false alarms.
2. Weather at least partially clear, low wind and in approved direction.
3. Material must be dried internally, as well as from outside moisture.
4. Burn between 9:00 A.M. and 4:00 P.M. Use smaller piles to burn out quickly.
NOTE: In future operations, plan to bury, compost, chip up and/or trash haul as much material as possible to avoid burning.
5. Source of material must be from the premises. Agricultural materials must be natural, not man-made or fabricated materials; and do not include home grounds or lot clean up.
6. Light with natural kindling materials; do not use fuel oils, rubber tires, etc. to light or support fire.
7. Residential burning where the residence contains four (4) or fewer units: burning shall be in a noncombustible container sufficiently vented to induce adequate primary combustion air with enclosed sides, a bottom and a mesh covering with openings no larger than one-fourth (1/4) square inch. Burning is prohibited in apartment complexes and mobile home parks.

I certify that I understand the above conditions.

Signature: _____ Date: _____

For Office Use Only!

Investigating Environmental Health Specialist: _____ Date: _____

Permit approved: _____ Permit denied: _____