

Macomb Fire Department



219 West Jackson
Macomb, Illinois 61455
Phone: 309-836-7800
Fax: 309-837-7126

PERMIT FOR OPEN BURNING

NAME OF APPLICANT _____

APPLICANT'S PHONE # _____

LOCATION OF FIRE _____

REASON FOR FIRE _____

PERSON RESPONSIBLE _____

DATE & TIME OF FIRE _____ 10:00pm

I undersigned applicant agree to have the location of the fire inspected by the Macomb Fire Department as to the proper material to be burned according to the city fire codes and the safety of the location of the fire. I also agree to provide a responsible person or persons to supervise and properly extinguish the fire. I further agree to put the fire out completely at the time stated and will extinguish the fire if it creates a nuisance to others or at anytime endangers property or life. The permit is not issued for the purpose of disposing of debris, furniture, buildings or other building materials. Failure to follow all the rules of the City of Macomb burning ordinances will result in a ticket being issued to the applicant and burning privileges for the above address to be revoked by the Fire Chief.

APPLICANT'S SIGNATURE

FIRE DEPT. AUTHORITY

POLICE DEPT. AUTHORITY