



APPLICATION FOR OFF GAS BURN PERMIT

This entire application must be completed and submitted **or it will be REJECTED.**

This permit is issued by the City of Springfield, MO Fire Chief or his undersigned representative. It shall remain in effect from issue to expiration date, but shall be revoked if misused or the Fire Code governing particular permit is not followed. The Fire Dispatcher should be contacted just prior to igniting fire and after extinguishment at 874-1212

Application is being made by (PRINT YOUR NAME):			
Address:	City:	State:	Zip:
Phone number:	Alternate Phone(s):		
E-MAIL address:			

International Fire Code 2006, Section 307 (open burning) and NFPA 58 (LG GAS) must be followed

Date(s) of Burn:	
Burn Location:	
Contact Person :	Contact Phone Number(s):

City of Springfield Fire Department
 830 Boonville Ave
 Springfield, MO 65802
 417-864-1500

Homepage: <http://www.springfieldmo.gov/sfd> e-mail:city@springfieldmo.gov

I hereby certify that I have read and understand the rules and regulations for the issuance of this permit. I further certify that I have examined this application and documents to the best of my knowledge and belief; they are true, correct, and complete.

Signature: _____ Date: _____

<u>For Technical Services- Use only:</u>	
Application is:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comments: _____
Signature of Reviewer: _____	Review date: _____