



Application Number:

Application for Burning Permit

Protection of the Environment Operations (Clean Air) Regulation 2010
Section 12, Clauses 2 and 3

Applicant Details

Applicant Name:	
Address:	
Mobile Contact Number:	
Email Address:	

Location of Burn Details

Property Name:			
Address:			
Lot No.:		Section No.:	
Zoning:			
Owner Name:			
Address:			
Mobile Contact Number:			
Email Address:			
Owners Consent:	As the owner/s of the above property, I/we consent to the lodgement of this application and the above noted activity to be undertaken. I/we permit authorised officers of Narrabri Shire Council, where necessary to access the land to undertake inspections as required for the assessment of this application, and will provide access where required.		
Owners Signature:			
Date:			

Burn Details

Type of Material to be Burned: Pictures of material to be burned to accompany application.	Garden Clippings <input type="checkbox"/>	General Vegetation <input type="checkbox"/>
	Tree Trimmings <input type="checkbox"/>	Domestic Waste <input type="checkbox"/>
	Waste Wood Material <input type="checkbox"/>	Paper and / or Cardboard <input type="checkbox"/>
	Other Material <input type="checkbox"/> (Provide details)	

Please Turn Over -

Nature of Material to be Burned:	Dry	<input type="checkbox"/>	Wet	<input type="checkbox"/>	Putrefied	<input type="checkbox"/>	
	Open Burning			<input type="checkbox"/>	Incineration		<input type="checkbox"/>
Method of Burning:	Pile Burning			<input type="checkbox"/>	Other Method		<input type="checkbox"/>
	(Provide details below)						
Proposed Date of Burn:				Proposed Time of Burn:			

Diagram of Burn Location and Surrounds

Applicant Check List

Fully completed application form inclusive of consent signatures:	
Payment received:	
Pictures of material to be burned:	

All items noted above must be present with the application form for the application to be accepted and assessed.

Office Use Only

Date Received:			
Application Checked By:			
Fees			
Fire Permit	Code 152	\$	<input type="checkbox"/>
Receipt Number:			
Assessment Officer:			
Rural Fire District:	<input type="checkbox"/>	Fire District:	<input type="checkbox"/>