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# OPEN AIR BURNING NOTIFICATION PLYMPTON-WYOMING FIRE DEPARTMENT.

### **ONTARIO FIRE CODE DIV. B 2.4.4.3.**

(\*\* NOTE – ALL LINES ARE TO BE COMPLETED)

### (48 HOUR'S NOTICE REQUIRED PRIOR TO BURN)

| 1. | Date of Proposed Burn  |                   |  |  |
|----|--|-------------------|--|--|
| 2. | 911 Address and Area of Controlled Burn  |                   |  |  |
| 3. | Materials to be Burned (brush, etc.)   |                   |  |  |
| 4. | Type of Extinguishment Available Onsite  |                   |  |  |
| 5. | Controlled Burn to be Supervised by  |                   |  |  |
|    | Address  | Primary Phone #   |  |  |
|    | Email:   | Secondary Phone # |  |  |
| 6. | Property Owner   | Signature         |  |  |
|    | Address  | Primary Phone #   |  |  |
| 7. | Information Called in by   |                   |  |  |
|    | Time:  | Date:             |  |  |
| 8. | have read and understand the terms and conditions in the Town of Plympton-Wyoming Open Burn<br>By-law 17 of 2025 and have a copy for future reference. |                   |  |  |
|    | Land Owner Signature   | Print Name        |  |  |
|    | Office Staff Signature   | Print Name        |  |  |

Form can be dropped off at the office or emailed to <a href="info@plympton-wyoming.ca">info@plympton-wyoming.ca</a>.

# OPEN AIR BURNING NOTIFICATION PLYMPTON-WYOMING FIRE DEPARTMENT.

| Permit Number: |  |
|----------------|--|
|                |  |

#### **ONTARIO FIRE CODE DIV. B 2.4.4.3.**

This Section is for Administration Use Only

| Form emailed to Fire personnel       | Date:      |
|--------------------------------------|------------|
| Burn permit entered in Municipal 511 | Date:      |
| Burn permit approved                 | Date:      |
|                                      | Inspector: |
|                                      | Time:      |
| Yes No                               |            |
| Comments:                            |            |
|                                      |            |
|                                      |            |
|                                      |            |
|                                      |            |
|                                      |            |