





1163 N Centre City Parkway Escondido, CA 92026 Phone: 760-839-5400 Fax: 760-739-7060

## **MISCELLANEOUS BURN PERMIT** (OTHER THAN APCD)

Name:	Date:
Address:	Phone:
Request permission to have a fire at:	
For the following purpose:	
On the following date(s):	

I have read and agree to the following conditions:

- 1. The Fire Department will inspect the premises to make recommendations regarding safety precautions (clearings, garden hose, etc.)
- 2. The permittee is responsible for any damage that may result from this fire.

## 3. NO TRASH OR DEBRIS IS TO BE BURNED.

4. Permit is valid <u>only</u> on the requested date(s).

You are required, as a condition of this permit, to contact Fire Dispatch at (760) 839-4722, PRIOR to beginning burning and upon completion of burning.

Permittee Signature

Date

FOR OFFICE USE ONLY	
Inspection Required Yes No	
nspected by: Date:	
Permit Issued by: Date:	

Yellow – Fire Department