

PERMIT NO. _____

WESTERN NORTH CAROLINA REGIONAL AIR QUALITY AGENCY
49 MT. CARMEL ROAD ASHEVILLE, NC 28806
(828) 250-6777

OPEN BURNING PERMIT- THIS PERMIT IS VALID FOR 90 DAYS

FIRE DIST.: _____ RESIDENTIAL (R) OR COMMERCIAL (C) : _____ ACREAGE TO BE BURNED: _____

1. FACILITY INFORMATION- (IDENTIFY OWNER, GRADING/CLEARING CONTRACTOR, AND/OR OTHER OPERATOR):

OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT: _____ TELE. # (DAY) _____ (NIGHT) _____

CONTRACTOR:

NAME: _____

ADDRESS: _____

CITY: _____

CONTACT: _____ TELE # (DAY) _____ (NIGHT) _____

2. SITE DESCRIPTION:

SITE LOCATION: _____

ADDRESS: _____

CITY: _____ STATE _____ COUNTY _____

3. CRITERIA FOR PERMISSIBLE OPEN BURNING, LAND CLEARING, & RIGHT-OF-WAY MAINTENANCE:

- A. ALL CONDITIONS OF THE WNCRAQA BOARD, RULES & REGULATIONS, CH. 4, SEC .1900 MUST BE MET.
- B. BURNING HOURS ARE 8:00AM- 6:00PM ON BURNING DAYS WITH NO MATERIAL ADDED AFTER 6:00 P.M.
- C. NO LOG OR LIMB GREATER THAN 12" DIAMETER AND NO MATERIAL OTHER THAN NATURAL OCCURING BRUSH MAY BE BURNED.
- D. IF BURNING WITHIN 250 FT. OF A PUBLIC RD., PREVAILING WIND MUST BE AWAY FROM ROAD. IF WINDS CHANGE THE FIRE OR FIRES MUST BE EXTINGUISHED. THIS IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR.
- E. NO MORE THAN 2 PILES OF BRUSH MAY BE BURNED AT THE SAME TIME.
- F. FIRES SHALL BE STARTED AND SIZED IN A MANOR AS TO COMPLETELY BURN ALL MATERIALS DURING THE DAYLIGHT HOURS.
- G. OWNER/CONTRACTOR SHALL EXTINGUISH ALL FIRES DEEMED A NUISANCE BY AGENCY INSPECTOR.
- H. THE LOCATION OF THE BURNING SHALL BE AT LEAST 500 FT. FROM ANY OCCUPIED STRUCTURE UNLESS 1)A SIGNED WRITTEN STATEMENT WAIVING OBJECTION IS OBTAINED OR 2) AN APPROVED AIR CURTAIN BURNER IS UTILIZED.

4. FEE SCHEDULE- **PERMIT FEES ARE NON-REFUNDABLE:**

RESIDENTIAL MACHINE-PILED:

0 TO 2 ACRES - PER ACRE

\$ 150.00

EACH ADDITIONAL ACRE OVER 2 ACRES – PER ACRE

\$ 250.00

INDUSTRIAL / COMMERCIAL MACHINE PILED – PER ACRE:

\$ 250.00

5. I CERTIFY THAT THE INDIVIDUAL CONDUCTING THE BURNING HAS READ AND UNDERSTANDS CHAPTER 4, SECTION .1900, AND THAT THE ABOVE INFORMATION IS CORRECT AND ALL CONDITIONS OF THE PERMIT WILL BE MET.

SIGNATURE _____ DATE _____

6. _____ DATE: _____
WNC REGIONAL AIR QUALITY AGENCY AUTHORIZING AGENT

EXTENTION: _____ DATE: _____ AGENT: _____