

## Marathon City Fire Department 408 Market Street

PO Box 178 Marathon City, WI 54448 (715) 573-7390

Application Accepted:	
Accepted By:	
Reviewed By:	
Approval Date:	

## **OUTDOOR BURNING PERMIT APPLICATION**

Pursuant to Village Ordinance 5.3.15

Tursdatt to village Ordinatice 5.5.15				
APPLICANT INFORMATION				
Applicant Name:		Phone Number:		
Mailing Address:				
City, State:		Zip Code		
Email Address:				
Lilian Address.				
CONTROLED BURN INFORMATION				
Physical Address Fire:				
rifysical Address file.				
Start Time:	End Time	::		
Material To Be Burned:				
Nearest Structure:				
Distance in Feet From Nearest Structure:	Fi	ire Hydrant Visible from Site: ☐ Yes ☐ No		
	ATIONS			
☐ I certify that, Prior To Burning, I will call WIDNR Hotline at 1-888-947-2876 or visit www.dnr.wi.gov keyword				
"FIRE" to check the daily burning restrictions.				
$\square$ I certify that, <u>Prior To Burning</u> , I will call the Marathon County Dispatch Center non-emergency number at				
715-261-1200 to notify them of fire.				
$\square$ I certify that, I will only burn clean untreated wood, clean non-recyclable paper products and vegetation. I				
have considered other means of disposal such as composting or recycling.				
$\Box$ I certify that, I will not burn garbage or anything that is recyclable. This includes but is not limited to:				
plastics; shingles; wire; metal; electronics; asphalt; painted or treated wood; rubber or oily substances; or				
structure of any kind (i.e. barns, sheds, homes, etc.).				
☐ I certify that, I will attend my burn at all times and make certain it is completely extinguished and cold to the				
touch before leaving.				
☐ I certify that, I will comply with local ordinances (§5.3.15 Outdoor Buring).				
☐ I certify that, I will am not burning waste generated by a business or commercial entity.				
$\square$ I certify that, If my burn escapes my control, I will dial 911 immediately.				

APPLICANT ACKNOWLEDGEMENT		
By signing this document, I hereby acknowledge all terms and conditions of this permit, that I have read and understand the Village Burning Guidelines, that I am 18 years of age or older and that I have the physical and mental capacity to conduct any burning for which this permit is issued. I understand this permit is invalidated upon violation of any of its restrictions and non-compliance shall be considered a permit violation. This permit may be revoked or cancelled by the Village when deemed necessary.		
Signature:	Date:	
PERMIT REVIEW (Office Use Only)		
☐ Completed Application		
☐ Signature of Applicant		
☐ Fire Chief Reviewed		
☐ Recommend Approval		