

Bullhead City Fire Department

Operational Permit

Open Burning

754-2001 – Weekdays

763-1999 – Weekends & Holidays

Properties > 5 Acres

Special Event

Permit Location: _____

Company: _____

Name: _____

Address: _____

Phone #: _____ Local Phone #: _____

Fax #: _____ E-Mail Address: _____

Permit Dates: From _____ to _____

Burning Hours: 7:00 a.m. – 5:00 p.m. Other _____

Detailed Explanation: _____

FIRE DEPARTMENT STIPULATIONS

- 1) **WATER AVAILABLE UNDER PRESSURE IN HOSE WITH NOZZLE**
- 2) **CONSTANT SUPERVISION OF BURN UNTIL COMPLETELY EXTINGUISHED**
- 3) **CEASE BURNING IF WIND EXCEEDS 10 M.P.H. OR IF WIND IS CARRYING SMOKE OR SPARKS ONTO NEIGHBORING PROPERTY**
- 4) **CALL FIRE DEPARTMENT WHEN BURN IS COMPLETED (AT THE ABOVE NUMBERS)**

The undersigned permittee hereby consents to observe all applicable Mohave County rules and regulations and to comply with all of the additional requirements set forth herein. In addition, the undersigned permittee hereby acknowledges that the Mohave County Board of Supervisors, the City of Bullhead City, and the Bullhead City Fire Department will not be considered responsible for any property damage, personal injury, or inconvenience incurred directly or indirectly as a result of the issuance and execution of this open burn permit.

The issuance by the fire chief, or his designee, of an open burn permit does not release the permittee from any of the requirements of any other jurisdictional agency, or from the requirements of any applicable and legally constituted agreements.

THIS PERMIT IS VALID ONLY FOR THE DAY, TIME, AND CONDITIONS PRESCRIBED.

Applicant Signature: _____ Date: _____

Permit Fee: \$ _____ Date Paid: _____ Initials: _____

Approved: _____ Date: _____

Inspector