



**North Coast Unified Air
Quality Management District**
2300 Myrtle Avenue
Eureka, CA 95501
(707) 443-3093

FIRE TRAINING BURN PERMIT APPLICATION FORM 1500

Section I – Property Owner Information

Legal name of owner: _____

Owner's mailing address: _____

Permit mailing address, if different from mailing address: _____

Contact person: _____	Title: _____	
Contact person's phone number () -	Contact person's fax number () -	Contact person's email address @

Are you the sole owner of the property / material under this application? yes no
 If no, enter the additional legal name and owner(s): _____

Section II – Sponsoring Fire Agency Information

Fire Agency name: _____

Fire Agency address: _____

Contact Person: _____	Title: _____	Number of employees to participate in training: _____
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Section III – Description of Material to be Burned

Is the material (check one): a structure a vehicle natural vegetation other

If a structure, has a certified asbestos consultant performed a survey for asbestos: yes no Attach survey if applicable

Describe, in detail, the types of materials which will be consumed by fire during the course of the proposed exercise (e.g. building materials such as drywall, processed lumber, plaster, metal, natural vegetation - common reed, vehicle interiors):

Section IV – Proposed Burn Location, Time, & Meteorological Conditions

Burn Location (street address), city and zip _____

Distance in feet to the nearest: occupied residence or business _____ K-12 school _____

Estimated training start date: ___/___/___ Estimated training completion date: ___/___/___

Estimated training start time: : AM PM	Estimated training completion time: : AM PM
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Prevailing wind direction required to minimize smoke impacts: _____

AQMD USE ONLY	TRACKING #	SIC/SCC CODES	PERMIT REVIEW	ENFORCEMENT REVIEW
	_____	_____/_____		
FEE SCHEDULE:		CHECK/MONEY ORDER	AMOUNT	
\$		#	\$	

Section V – Certification

I hereby certify that all information and data contained in this application and all information submitted with this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this _____ day of _____, _____,

Signature of property owner:

Title of responsible official of firm:

Type or print name of responsible official of firm:

Title:

Date signed:

/ /

I hereby certify that all information and data contained in this application and all information submitted with this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience. I further certify that the proposed training exercise as outlined herein, conforms to accepted practices outlined in the most current version of the National Fire Protection Association consensus standard, "NFPA 1403 Standard on Live Fire Training Evolutions.", and is a legitimate fire training exercise which will benefit participating fire protection agencies.

Signed this _____ day of _____, _____,

Signature of Responsible Fire Agency Official:

Type or print name of responsible fire agency official:

Title

Date signed:

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ATTACHMENTS TO FORM 1500

The following attachments must be submitted with form 1500:

1. PLOT PLAN AND LOCATION INFORMATION

- A. A basic drawing or sketch shall be submitted and shall show at least the following:
- A scale and indication of which direction is North;
 - The property owned, leased, or under direct control of the applicant and outlines and heights of all buildings on it. Identify property lines plainly;
 - Property location with respect to public and private streets and all adjacent properties. Identify such buildings as residences, apartment houses, machine shops, warehouses, etc. In addition, identify all major (hospitals, K-12 schools, care facilities greater than 50 people, industrial facilities, retail establishments, etc.) potential receptors within 1000 feet of the burn location.
 - Location and identification of the material proposed to be burned on the property.
 - Access roads;
 - Distance and direction to the nearest residence;
 - Distance and direction to the nearest school property boundary;

2. WRITTEN DESCRIPTION OF THE FIRE TRAINING EXERCISE

Provide a written description of the fire training exercise. Include a description of the techniques and procedures to be covered, the numbers and types of equipment to be used, departments and personnel who will participate, and the benefit obtained from the general public as a result of the exercise.

3. PUBLIC NOTIFICATION

Identify residences, businesses, and sensitive receptors (e.g. convalescent homes, retirement facilities, schools, hospitals, or public events) which potentially may be adversely impacted by the smoke produced during the training exercise. Once identified, propose a plan of action to notify these receptors at minimum 48 hours in advance of the training exercise using any combination of the following media: newspapers of local circulation, radio, television, posting of flyers in the affected areas, direct mail, and hand delivery.

4. BURN AUTHORIZATION NUMBER REQUIRED

A burn authorization number must be obtained prior to ignition of materials involved in the training exercise. Burn authorization numbers are only valid for a single day, usually the day they are issued. To obtain a number, complete a Burn Authorization Number Request (Form 1501) and forward to the NCUAQMD. Forms may be delivered in person, mailed, or faxed to (707) 443-3099. Call NCUAQMD representatives no sooner than 48 hours in advance of the exercise to declare intent to ignite. If conditions meet the predetermined prescription, authorization will be issued.

5. GENERAL PERMITTING INFORMATION

Further information or clarification concerning permits can be obtained by writing or calling:

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