



North Coast Unified Air
Quality Management District
707 L Street
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:

Phone: (707)

Cell:

Fax:

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

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.

Signature of property owner:

Type or print name of property owner:

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.

Signature of Responsible Fire Agency Official:

Type or print name of responsible fire agency official:

Title

Date signed:

____ / ____ / ____

PHONE NUMBER:

FAX NUMBER:

CELL PHONE:

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 BY DESIGNATED FIRE OFFICIAL

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 N.C.U.A.Q.M.D. Forms may be delivered in person, mailed, or faxed to (707) 443-3099. Call N.C.U.A.Q.M.D. representatives no sooner than 48 hours in advance of the exercise to declare intent to ignite. If conditions meet the pre-determined prescription, authorization will be issued.

5. ASBESTOS DEMOLITION & RENOVATION NOTIFICATION FORM

The asbestos NESHAP, 40 CFR Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. This form may be used to fulfill this requirement. Only complete notification forms are acceptable. Incomplete notification may result in enforcement action.

GENERAL PERMITTING INFORMATION

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

North Coast Unified Air Quality Management District

707 L Street

Eureka, CA 95501

Phone: (707) 443-3093

Fax: (707) 443-3099