



OPEN BURNING PERMIT

TOWN OF SEVEN DEVILS

Under the provisions of and in accordance with N.C. General Statute 113-60.24.

_____ of _____ (community of the permittee) is hereby authorized to start, or cause to be started, a fire as specified below, upon their land under their charge located within the boundaries of the Town of Seven Devils. This land is located in (Avery _____ Watauga _____) County, approximately _____ miles from the Seven Devils Fire Department on _____ (address) owned by _____. The only kind of burning that can be done is brush and only from this lot. List the type of fire extinguishment that you have on the burn site; _____. (water, dirt, heavy equipment, etc.)

INSTRUCTION AND REQUIREMENTS OF THE PERMITEE

This permit is issued on a day to day renewal, and must be renewed each and every day that you wish to burn. Only a Public Safety Officer on duty may issue a burning permit. If your fire becomes dangerous or out of control, contact the Fire Department Dispatcher (911).

THIS PERMIT DOES NOT RELIEVE THE PERMITEE OF:

1. His/Her responsibility for complying with all air pollution law, regulations and ordinances. (Additional permits may be required).
2. His/Her responsibility for complying with all other State and Federal forest fire laws (such as notifying adjoining landowners, keeping a competent watch over the fire). A competent person must be resent as long as smoke is coming from the burn. Failure to comply with this will result in no further permits being issued to this address.
3. His/Her responsibility under the Civil Laws for any damage the fire may cause to other parties or their property. Good judgment would be used when burning even though a permit has been obtained.

I understand that should this permit be cancelled by the Secretary of NRCD in accordance with G.S. 113-60.28 (c) I must take reasonable steps to extinguish or control the fire and reimburse the Department for expenses incurred therefore on my behalf.

Public Safety Officer Issuing the permit: _____

Permittee Signature: _____

Permittee Address: _____

Phone Number: _____ Date Signed: _____

Date:
 ____/____/____
 ____/____/____
 ____/____/____
 ____/____/____

Initials:
 FOR _____
 FOR _____
 FOR _____
 FOR _____