



Cook County Department of Environmental Control
69 W. Washington Suite 1900
Chicago, Illinois 60602
(312) 603-8200

Open Burn Permit Application

1)Applicant Information:	2)Type of Burn Request:
Name:	Firefighting Instruction / Research ____
Address:	Disaster Waste ____
City/Zip Code:	Landscape Waste, w/ Air Curtain Destructor ____
Phone:	Prairie or Ecology Management ____
Contact Person:	Other (Specify):

Attach to this application (1) A sketch of the immediate vicinity of the site, and (2) a printed map of the general area with the site and nearby features marked. Together these maps must describe the site and provide the distance to nearby features, including adjacent structures, residences, populated areas, roadways, airports, lakes and waterways, hospitals, nursing homes and schools.

For Fire Training Only: Asbestos assessment required. Building must not be burned down to the ground, Cook County Environmental Control issued demolition permit required to demolish building.

3)SITE:	4)DURATION AND SCHEDULE:
Name:	Scheduled Date of Burn: _____ Total Hours: _____ How many burn sessions will be taking place? _____
Address:	If open burning will occur <u>over more than one day</u> please detail the other dates and hours: _____ / _____
Main Cross Streets:	Name of individual to contact on site to verify dates for open burning: _____ On-Site Phone: _____

Specify total amounts of material to be burned at the site. Include material(s) used to start the fire and any supplemental material(s) used to maintain the fire. Describe items in appropriate terms, for example:

- PRAIRIES: Acres – Type of extent of vegetation
- CHEMICALS: Volume or weight – chemical constituents
- BUILDINGS: Stories, rooms, square feet – type of construction, state of deterioration, roofing & siding materials, remaining furnishings and other contents

5) ITEM	AMOUNT/SIZE	Composition / Description / Content
1.		
2.		
3.		

6) Method of extinguishment:

7) CONTAMINANT EMISSIONS: (please check all applicable contaminants)

- Particulate Matter LB
- Sulfur Dioxide LB
- Nitrogen Oxide LB
- Organic Material LB
- Carbon Monoxide LB
- Other (please detail _____) LB

Attach calculations or other means by which the above data was obtained. (This section does not need to be completed for burning of vegetation, landscape waste, building debris and agricultural waste if the materials are adequately described in section 6).

8) RESIDUE DISPOSAL:

Method to be used to dispose of the residue from open burning:

9) ABATEMENT:

Steps taken in planning for open burning to minimize emissions and air quality impacts:

Amount of Material Scheduling Site Selection Other (_____)

Explanation: _____

Methods used during open burning to reduce contaminant emissions and minimize impact on air quality:

Water / Fog Curtain Controlled Burn Other (_____)

Explanation: _____

10) NOTIFICATION:

Have individuals living or working near the site been notified of the proposed open burning? Yes No

If "Yes" explain method of notice and any additional measures to be taken to respond to concern:

Is burn 1000 feet from residence and businesses? Yes No

11) ADDITIONAL INFORMATION – LANDSCAPE WASTE ONLY:

Name of air curtain destructor or comparable device:

Manufacturer: _____ Model No: _____

Attach a copy of the manufacturer's written instructions for use of the device to the application. A copy of these instructions should be available at time of open burning at site.

12) ADDITIONAL INFORMATION – DISASTER WASTE DISPOSAL ONLY:

Type of Disaster: Tornado Ice Storm Flood
 Other (Specify): _____

Disaster declared by: Governor of Illinois President of the United States

Will material other than clean wooden burning debris, landscape waste or agricultural waste, caused by the disaster, be burned? Yes No

13) ADDITIONAL INFORMATION – FIREFIGHTING INSTRUCTION / RESEARCH ONLY:

Participation in the exercise / Organization of Departments / Estimated Number of Participants

1) _____ / _____ / _____

2) _____ / _____ / _____

3) _____ / _____ / _____

Scope of Training Exercises:

Use of Extinguishers Forcible Entry Rescue Technician

Use of Smoke Masks and Breathing Apparatus

Other (Specify): _____

Description of open burning as related to the training exercise (plan of fire, phases of training, methods of ignition, extinguishment methods, etc.):

Attach a **written plan** for exercise or similar exercise, if available.

List of other training activities in the last 12 months including all open burning exercises:

AUTHORIZED SIGNATURE:

The undersigned hereby makes application for an open burning permit and certificate that the statements contained herein are true and correct.

Signature: _____ Date: _____

Type or Print Name of Signer: _____

Title of Signer: _____

Filing an Application for Open Burn with the State of Illinois Environmental Protection Agency is required.

ADDITIONAL COMMENTS:

