

ROCK COMMUNITY FIRE PROTECTION DISTRICT
3749 Telegraph Rd.
Arnold, MO 63010
Phone 636-296-2211 or Fax 636-467-5734
tberg@rockfire-rescue.org

BONFIRE PERMIT APPLICATION

Bonfire Date: _____ Start time _____ 6 (six) hour duration.

Address where burning is to take place _____
Street address City

Property Owner: _____
Name Address City State Zip Phone

Person responsible for burning (If other than property owner):

Name Address Zip Phone

Material to be burned: _____
Only vegetative debris can be burned according to DNR guidelines

Failure to comply with any ordinance of Rock Community Fire Protection District can cause this burning permit to be revoked until the violation has been corrected and approved by the Fire Marshal.

Applicants signature Date

Recreational bonfire regulations: this permit shall be issued for the purpose of a recreational bonfire only and is subject to the following conditions:

1. All burning will take place only during the hours noted on the application and shall not exceed six (6) hours maximum.
2. The fire shall be completely extinguished at the time noted on the application.
3. The bonfire size shall not exceed the dimension of three (3) feet by three (3) feet.
4. The bonfire shall be supervised at all times. Fire extinguishing equipment must be on hand.
5. Fuel for the bonfire shall consist, only, of seasoned dry firewood. This fire is not to be utilized for waste disposal purposes. Household trash, rubber, tires, shingles, vinyl siding, treated lumber, leaves, hazardous or toxic materials are not allowed to be burned.
6. The bonfire shall take place a minimum of twenty five (25) feet from any structure or property line.
7. Approval must be given by the Fire Marshal's office 636-296-2211 m-f 8-4:00pm or House #5 at 636-464-1700
8. Upon receipt of a complaint, this permit will be terminated until that complaint has been resolved.

****A bonfire permit is for recreational purposes only.**

FOR OFFICE USE ONLY

Permit # BRN _____ - _____ There is no fee for this permit

Application received by: _____ Date: _____