COEUR D'ALENE FIRE DEPARTMENT
Fire Prevention Bureau
320 E. Foster Ave. Coeur d'Alene, ID 83814
(208) 769-2245

CLASS "S" BURN PERMIT: SPECIAL USE

Slash – Seven Day Permit

PERMIT ISSUED TO: NAME:
ADDRESS:
PHONE:

LOCATION:

DATES:

This permit is subject to the following requirements:

1. **Burning shall be conducted so that the smoke will not impact Highway 95, Interstate 90 or the surrounding residents or businesses.**

2. The fire shall be attended at all times by a responsible adult and extinguished prior to leaving. IFC 307.4

3. Attendant shall have a 1- ½" hose connected to a water supply and readily available at all times. IFC 307.4

4. The Fire Official is authorized to require that burning be immediately discontinued if smoke emissions are offensive to occupants of surrounding property. IFC 307.2.2

5. **Permittee shall call 1-800-633-6247, Air Quality Hotline, each day before commencing burning.** A recording will advise permittee of acceptable environmental conditions. Burning shall only be conducted on a "Green" day. IFC 307.2.1

6. **Permittee shall call 446-1854, Central Dispatch, each day before commencing burning and advise them of the burn.** IFC 307.2.1

7. **Burning shall be conducted during daylight hours only. The fire must be totally out by dark.** IFC 603.8.4

ITEMS THAT CAN BE BURNED: Tree limbs 4" in diameter or less.

ITEMS THAT CANNOT BE BURNED:
Any type of plastic, rubber products, paint, paint cans, fiberglass products, carpeting, furniture, stumps, household garbage, and noncombustible or fire rated material.

If any of the above rules are violated, this permit will be revoked immediately, and you may be issued a citation for illegal burning.

THINK RECYCLE! FOR INFORMATION CALL 769-4402

I, the undersigned, do hereby assert that I am the applicant or authorized agent of the applicant for this permit. I have read, reviewed, and understand the conditions and requirements for this permit and agree to abide thereby. **I authorize an inspection of my burn area.**

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____ Fee: $100.00

Assigned to: _____ Date: _____

Approved by: _____ Date: _____ Paid Cash/Check #_____