RESIDENTIAL BURN APPLICATION

*All burning within City of Happy Valley requires a permit



(503) 783-3800 Fax: 503-658-5174 16000 SE Misty Dr. Happy Valley, OR 97086

*More than ONE acre is required to burn

Clackamas Co. Fire Dist. #1 - Burn Info Line (503) 632-0211

Residential backyard burning is *restricted to Open Burn Seasons: Mar 1st-June 15th, Oct 1st-Dec 15th

Address of Burn Site:

Telephone:	Day	Night		
This applicat	ion is based on the	following terms and conditions and for th	e purposes stated herein:	
	G WILL ONLY B MINE IF IT IS A B		LED CLACKAMAS FIRE DISTRICT #1 TO	
	Only natural vegetations shall be burned. The fire shall not contain any lumber, rubber products, asphalt products, petroleum products, plastics, garbage, dead animals, or any waste material that emits smoke or creates offensive odors.			
3. Persons a	. Persons and equipment capable of extinguishing the fire shall be on the burn site and in attendance at all times.			
duration a	The air contaminants emitted from the outdoor fires shall not be in sufficient quantities, and of such characteristics and duration as is, or is likely to be, injurious to human health, plant or animal life, or property, or which unreasonably interferes with enjoyment of life and property.			
5. Particulat	Particulate matter from the outdoor fires must not be allowed to become deposited upon the property of others.			
6. Only one pile shall be burned at one time, unless a special permit has been issued by Clackamas Fire Dist. #1.				
7. A copy of the burn permit shall be on location where you are burning.				
8. The perm	The permit shall not be valid during any air pollution episode or period of impaired air quality by D.E.Q. standards.			
9. The perm	it shall only be valid	during the months of March, April, May, Ju	ine, October, November and December.	
such burning a	and/or violation of th		or to prevent or abate the nuisances caused by (A nuisance would be defined as ash fallout or	
*Per	mit issued upon 1	requirements met: Site Inspection/Lot	t Size/Residential Density	
Sign Full Nam	ne	Print Name	Date	
Address				
			DATE RECEIVED:	
onlication Fee	\$30 Paid-CASH	CHECK#CCReceipt #		