

**STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
100 W. Water Street, Suite 6A, Dover, Delaware 19904 Fax # 302.739.3106
APPLICATION FOR *PRESCRIBED BURNING***

AQM-04OB
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Submit application and all attachments to the Division of Air Quality at the above address or fax number. If you have any questions, please call 302.739.9402.
The Department will notify you of the decision.

DEPARTMENT USE ONLY

1. Name of Agency & Contact Person		2. Date of Application		Open Burning Number
3. Street Address		City	County	Zip Code
4. Address or GPS Coordinates of Burn		City	County	Zip Code
5. Name of Property Owner	6. Property Owner Telephone		7. Contact Person • Telephone • Fax # • Email	

Received Stamp

8. BURNING ACTIVITY DESCRIPTION:

Date of Burn: _____ Start/Stop* Time: _____ Duration of Burn: _____ (total hours)

Vegetation Management Objective: Wildlife or Game Habitat Improvement Invasive Species Management
 Pest Control Other (Describe) _____

Vegetation Type: Brush _____% Grass _____% Timber Litter _____% Timber Slash _____%
 Other (Describe) _____%

Vegetation Condition: Machine Pile Burn Hand Pile Burn Understory Landing Pile Burn

Broadcast Project Area: _____ (acres) Number of Piles: _____ Average Pile Size: _____

9. Please describe in detail why burning is the **most effective method** to achieve your purpose:

10. *AFTER HOURS BURNING: If applicable, please describe in detail how **the need to burn outside the hours** of 8:00 am - 4:00 pm will lead to smoke reduction or a more efficient, complete, or safer burn:

11. SIGNATURE OF APPLICANT:

_____ Date _____

Please be aware your burn may be terminated if it causes any unreasonable interference with a person's health, safety, comfort, or use or enjoyment of his or her real property. (See Reg. No. 1113, Section 4.4. and 4.9)

FOR DNREC USE: Processed by _____ Date _____

Approved by _____ AQM Approved by _____ OTS N/A

Department of Agriculture Reviewed by (if required) _____ Date _____