



CITY OF TOPEKA



Fire Department
324 SE Jefferson Street
Topeka, KS 66607-1185
Tel: (785) 368-4000
Fax: (785) 368-4030

Craig G. Duke, Fire Chief
www.topeka.org

Application For Approval Commercial Open Burning Operation

According to the Kansas Administrative Regulation 28-19-647, each person seeking an approval to conduct an open burning operation pursuant to this Regulation shall submit a "written request to the Kansas Department of Health and Environment containing the following:

APPLICANT INFORMATION (Please Print or Type)

Name _____ Title _____

Company _____

Address _____
(City) (State) (Zip)

Telephone (____) _____ Fax _____ Email _____

Individual(s) responsible for conducting the burn if other than applicant:

Name _____ Title _____

Company _____

Address _____
(City) (State) (Zip)

Telephone (____) _____ Fax _____

OPEN BURNING DESCRIPTION

Location (address and/or legal description) _____

Estimated amount to be burned _____

Nature of material to be burned _____

Proposed frequency of burning _____ Duration of burn _____

Calendar schedule of the burning _____

Size of area to which burning will be confined _____

Method of igniting the material _____

JUSTIFICATION

State why the proposed open burning is necessary and in the public interest if not listed in K.A.R. 28-19-647 (c)

ACKNOWLEDGMENT

I have read the Kansas Open Burning Regulation and agree to conduct all open burning in accordance with the required conditions. It is mutually understood that representatives from the Division of Environment may make unannounced inspection to determine compliance with the Regulation and any approvals granted. It is further understood that Department may revoke any approval upon thirty (30) days notice if approval form the local authority is withdrawn.

Prior to any open burning and at the conclusion the Dispatch Center will be notified to determine if open burning will be allowed 785-368-9514

Signature

Date

LOCAL AUTHORITY APPROVAL

Attach evidence that the open burning has been approved by the fire control authority having jurisdiction over the area (such as a signed statement from the fire chief or county emergency management, etc.) or they may sign this completed application.

Signature

Date

**Submit application to Topeka Fire Department Inspections Unit
620 SE Madison St.
Topeka, Ks 66607
Fax: 785-368-0170**

Permit # _____

Effective Date _____

Permit is valid for six months from the effective date