

1240 N. Highland Ave., Suite 5, Aurora, IL 60506 Phone (630) 444-3040 Fax (630) 897-8123

1750 Grandstand Place, Elgin, IL 60123 Phone (630) 444-3040 Fax (847) 888-6458

Ceremonial Fire Application

Name:	Phone # ()	Fax # (<u>)</u>	
Home Address:(Si	reet)		(State)	(Zip)
Date of Event:				
Beginning Time of Event:_		Ending Time o	f Event:	
Address of Event:(St	reet)	(City)	(State)	(Zip)
Name/ Reason for Event:_				
Type of Materials to be Bur	ned:			
	(i.a. fire extinguiel	or or book attached t	o functional water co	ource)
Type of Fire Suppression:_ Phone # you can be reached			o functional water st	
Phone # you can be reache		nial fire: ()		
Phone # you can be reache	.00 must be s g regulations as descri the burning ordinance fed at any time for failurermit you must be on sit	ubmitted wit bed in the Kane Country to to abide by the Kane e during the entire ce	h the applicate Burning Ordinand Health Department County Burning Ordinand Premonial fire.	ation ee. rdinance.
A Fee of \$35 * I agree to follow all burnin * I have received a copy of * This permit may be revok * As the requestor of the pe * You must notify you	.00 must be s g regulations as descri the burning ordinance fed at any time for failurermit you must be on sit	ubmitted wit bed in the Kane Country to to abide by the Kane e during the entire ce	h the applicate Burning Ordinand Health Department County Burning Ordinand Premonial fire.	ation ee. rdinance.
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