



*Thunder Bay Fire Rescue  
330 Vickers Street North  
Thunder Bay, ON P7C 4B2  
Telephone 625-2103 or Fax 623-4545*

## **Property Owners Permission to Burn**

### Property Owner

Owner's Full Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Applicant

Applicant/Tenant Full Name: \_\_\_\_\_

Applicant Address and Unit #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I \_\_\_\_\_, am the owner of the property located at \_\_\_\_\_, Thunder Bay, Ontario and I currently lease or rent and allow the use of this property by \_\_\_\_\_.

I am aware that he/she has made an application for a Burn Permit to conduct open air burning on my property and by signing this form, I grant my permission for this activity to occur once approved by the Chief Fire Official.

\_\_\_\_\_  
Owner Name (please print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**This completed form must accompany all Burn Permit Applications being made by someone other than the property owner.**