



*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.