COUNTY OF TWO HILLS FIRE PERMIT



Box 490, Two Hills, Alberta, T0B 4K0 (780) 657-3358 Issued under Bylaw No. 3-2001



Date:		Fire Permit No. (FI	RE-YYYY-0000):		
(YYYY/MM/DD)				(ADMINISTRATION TO FIL	L PERMIT NUMBER)
This permit authorizes Permit Holder:					
		(LAST NAME)		(FIRST)	
Fire to be ignited on: SI	EC	TWP	RGE	– W4	(PERMIT ISSUED FOR EACH LAND LOCATION)
Product to be ignited:					
CONDITIONS					
THIS PERMIT MAY BE CANCELLED AT ANY TIME.					
Burning shall be done in compliance with the <i>Forest and Prairie Fire Protection Act</i> and Regulations mentioned above and included below on this permit. Once the fire is out, Landowners may be required to bury the ashes to ensure no secondary fires.					
	receiving notice			may be suspended or cand the person concerned sha	
No person shall: a) Light or cause to be lit an outdoor fire on land unless that person is in possession of a fire permit. b) Allow any outdoor fire that is not authorized by a permit on land that is owned or occupied by him or under his control. c) Light an outdoor fire without first taking significant precautions to ensure that the fire can be kept under control at all times. d) Light an outdoor fire when weather conditions are conductive to a fire readily escaping out of control. e) Fail to take reasonable steps to control a fire for the purpose of preventing it from spreading onto land other than his own. f) Deposit, discard or leave any burning matter or substance in a place where it might ignite other matter and result in a fire.					
Every Person who sets a fire under authority of a permit shall: a) Keep the permit at the site of the fire. b) Produce and show the permit to an officer on request. c) Keep the fire under control. d) Extinguish the fire before the expiration of the permit or upon cancellation of the permit. e) Have a responsible person in attendance at the fire at all times. f) Provide adequate fire guard.					
FURTHER INSTRUCTED CONDITION(S):					
Date Permit Issued: EXPIRES:					
	(YYYY	//MM/DD)	<u> </u>	(YYYY/MM/DD)	
Phone Number: I have read and underst	and the above	conditions and re	gulations, and a	accept full responsibility.	
Permit Holder Name Signature					
Approved by Fire Guard	ian:		D	ate (YYYY/MM/DD):	
Fire District:			C	ontact Number:	
Fire Officer:			R	egister Permit:	