

APPLICATION FOR BURNING PERMIT				
	ALL FIELDS MUST BE C	OMPLETED FOR A VALID APP	LICATION	
I hereby apply for a per	rmit* for the purpose of:			
Charcoal Production		Number of Charcoal	Number of Charcoal Pits/Kilns:	
Sulphur Burning		Hot Works e.g., Grir	Hot Works e.g., Grinding, Welding etc. $\ \Box$	
Harrowed Rows		Broad Acre		
*Please note all applications are assessed in accordance with the CFS Guidelines for The Murray Mallee Bushfire Management Area.				
APPLICANT DETAILS				
Name:				
Residential Address:				
Contact Number:				
Email Address:				
		CATION OF SITE		
ONLY ONE PROPERTY/SECTION NUMBER PER APPLICATION WILL BE ACCEPETED				
Assessment Number (located on Council rates):				
Section:	Or Lot:	Road Name:		
Hundred:		Town:		
DETAILS OF OWNER OF LAND ON WHICH ACTIVITY IS TO OCCUR:				
☐ As above				
Name:				
Residential Address:				
Contact Number:				
Email Address:				
I, certify that all details provided above are correct and understand that only this information will form part of the Schedule 9 or 10 Permit if approved.				
Applicant Signature: Date:			ate:	
Office Use Only				
Permit Approved: YES / N	10			
CFS Map Page Number:	Er	ntry GPS:	Pit:	
Schedule 9 Permit No:		Schedule 10 Permit No:		