



REGIONAL MUNICIPALITY
OF **WOOD BUFFALO**

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EMERGENCY SERVICES

**REGIONAL MUNICIPALITY OF WOOD BUFFALO
FIRE PREVENTION BRANCH**

FIRE PIT PERMIT APPLICATION

Date of Application: _____

Name: _____ Email: _____

Address: _____

Postal Code: _____ Home Phone Number: _____

Emergency Contact Name: _____ Contact #: _____

The undersigned hereby applies for the above in accordance with the Alberta Fire Code and the Regional Municipality of Wood Buffalo By-laws and requirements.

_____ Date

_____ Signature

Application / Permit Fee Attached: _____

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used for inspection, billing and issuing purposes. If you have any questions regarding the collection or use of this information contact the Fire Prevention Branch, Fire Hall # 5, 200 Saprae Creek Trail., T9H 4P1, or call (780) 792-5519. Applications can be emailed to RESFire.Prevention@rmwb.ca or faxed (780) 743-3800.

FOR OFFICE USE ONLY

Date / Time Application Received: _____ Received By: _____

Total Fee: \$ _____ Receipt Number: _____ (Cash, Cheque, Debit or Credit)

Is there a dog at this address? Yes _____ No _____

Is the fire pit ready for inspection? Yes _____ No _____

Please note, it is permit holders' responsibility to ensure that the fire pit is constructed in compliance with the Fire Pit Conditions and completed within 90 days.