

**STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
655 South Bay Road, Suite 5N, Dover DE 19901 Fax # 302.739.3106  
APPLICATION FOR *PRESCRIBED BURNING***

AQM-04OB  
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Submit application and all attachments to the Division of Air Quality at the above address or fax number. If you have any questions, please call 302.739.9402.  
The Department will notify you of the decision.

**DEPARTMENT USE ONLY**

1. Name of Agency & Contact Person		2. Date of Application		Open Burning Number
3. Street Address	City	County	Zip Code	Received Stamp
4. Location of Prescribed Burning Activity	City	County	Zip Code	
5. Name of Property Owner	6. Property Owner Telephone		7. Contact Person • Telephone • Fax # • Email	

8. BURNING ACTIVITY DESCRIPTION:

Date of Burn: \_\_\_\_\_ Start/Stop\* Time: \_\_\_\_\_ Duration of Burn: \_\_\_\_\_ (total hours)

Vegetation Management Objective: " Wildlife or Game Habitat Improvement " Invasive Species Management  
" Pest Control " Other (Describe) \_\_\_\_\_

Vegetation Type: " Brush \_\_\_\_\_% " Grass \_\_\_\_\_% " Timber Litter \_\_\_\_\_% " Timber Slash \_\_\_\_\_%  
" Other (Describe) \_\_\_\_\_%

Vegetation Condition: " Machine Pile Burn " Hand Pile Burn " Understory " Landing Pile Burn

Broadcast Project Area: \_\_\_\_\_ (acres) Number of Piles: \_\_\_\_\_ Average Pile Size: \_\_\_\_\_

9. Please describe in detail why burning is the **most effective method** to achieve your purpose:

10. \*AFTER HOURS BURNING: If applicable, please describe in detail how **the need to burn outside the hours** of 8:00 am - 4:00 pm will lead to smoke reduction or a more efficient, complete, or safer burn:

11. SIGNATURE OF APPLICANT:

\_\_\_\_\_ Date \_\_\_\_\_

*Please be aware your burn may be terminated if it causes any unreasonable interference with a person's health, safety, comfort, or use or enjoyment of his or her real property. (See Reg. No. 1113, Section 4.4. and 4.9)*

FOR DNREC USE: Processed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ " DAQ Approved by \_\_\_\_\_ " OTS " N/A

Department of Agriculture Reviewed by (if required) \_\_\_\_\_ Date \_\_\_\_\_