

**STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
156 South State Street, Dover DE 19901 Fax # 302.739.3106  
APPLICATION FOR *PRESCRIBED BURNING***

AQM-04OB  
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Submit application and all attachments to the Air Quality Management Section 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
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	

Received Stamp

**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 \_\_\_\_\_  AQM Approved by \_\_\_\_\_  OTS  N/A

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