

WEST METRO FIRE PROTECTION DISTRICT
433 SOUTH ALLISON PARKWAY
LAKEWOOD, CO 80226-3128

“APPLICATION FOR BURN PERMIT”

REQUIREMENTS:

1. ALL REQUESTS MUST INCLUDE A COMPLETED “APPLICATION FORM”
2. JEFFERSON COUNTY HEALTH DEPARTMENT MUST BE CONTACTED PRIOR TO PULLING A BURN PERMIT FROM THE FIRE DEPARTMENT, FOR AGRICULTURAL OR DITCH BURNING

APPLICANT’S NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

LOCATION OF FIRE / BURN: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

COMMENTS: _____

SIGNATURE: _____ PRINT NAME: _____