



Oak Bluffs Fire-EMS Department

6 Firehouse Lane P.O. Box 2131 Oak Bluffs, MA 02557
Telephone: 508-693-5380 | FAX: 508-693-6726



APPLICATION FOR OPEN BURNING PERMIT

Permit Number: _____ Date: _____

Applicant's Full Name or Corporation: _____
(Address: Street, Town, State, Zip Code)

Property Address: _____

Phone Number: _____ Email Address: _____

In accordance with Massachusetts Department of Environmental Protection regulation (310 CMR DEP 7.07), open burning must: be a minimum of 75 feet from all buildings; be conducted between 10:00 AM and 4:00 PM from January 15 to May 1; and take place on the land closest to the source of material to be burned. All persons must always have shovel and hose with running water near the burn site. You must also make sure air quality conditions are acceptable for burning by calling the Massachusetts DEP Air Quality Hotline at 617-556-1021 or by visiting the MassAir Online website at <http://eeaonline.eea.state.ma.us/dep/massair/web>.

Failure to comply with open burning regulations will result in the recantation of this permit and the imposition of a \$500 fine. A permit may be denied in the interest of public safety. Reasons for denial may include but not be limited to wind, dryness, location, water source, material being burned, and amount being burned. By signing below, I agree to adhere to the abovementioned regulations and the Massachusetts Safety Tips for Open Burning Season.

Applicant's Signature: _____

Date Issued-Rejected: _____ By: _____

Date of Expiration: _____ Fee: \$50 Cash or Check made payable to Town of Oak Bluffs

Amount Paid: \$ _____ Date Paid: _____



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OPEN BURNING PERMIT

Permit Number: _____ Date: _____

In accordance with the provisions of Massachusetts Department of Environmental Protection regulation (310 CMR DEP 7.07), this permit is granted to _____

(Full Name of Person, Firm or Corporation)

for open burning at _____

(Street and # or Describe Location for Adequate Identification)

Fee Paid: \$ _____ This permit will expire on _____

Signature of Official Granting Permit: _____

Printed Name: _____ Title: _____

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