

**BURNING PERMIT APPLICATION FORM**

(Please review the City's burn policy to see all requirements before burning.)

Permit Number (Office Use Only): \_\_\_\_\_

Inspection Date: (Office Use Only): \_\_\_\_\_

Permit Issued (Office Use Only): \_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE**

**CITY OF WEST PEORIA**

2506 West Rohmann Avenue

West Peoria, Illinois 61604

Phone: (309) 674-1993 / Fax: (309) 674-6010

**This application will not be accepted unless all required information is completed.**

**BURN LOCATION:**

Address: \_\_\_\_\_ Tax Identification: \_\_\_\_\_

00-00-000-000

Own  Rent  If Applicant rents the location, owner must authorize this application.

**OWNER'S NAME**

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Application Date: \_\_\_\_\_

**GENERAL CONTRACTOR NAME (if applicable)**

1. Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax: \_\_\_\_\_

**I WISH TO HAVE A:**

Construction Site Burn (I.E.P.A. permit also required - yes\_\_\_ no\_\_\_)

Brief description: \_\_\_\_\_  
\_\_\_\_\_

Bonfire

Brief description: \_\_\_\_\_  
\_\_\_\_\_

Prescribed Burn (I.E.P.A. permit also required - yes\_\_\_ no\_\_\_)

Brief description: \_\_\_\_\_  
\_\_\_\_\_

Present zoning of Property: \_\_\_\_\_

Times and Date of Burn: \_\_\_\_\_

For Construction Site Burn - \$100 permit fee

For Bonfires - \$150 permit fee

For Prescribed Burns - \$100 permit fee

**All permits expire Six (6) months from date/time permit is issued.**

Note: Other permits may be required after first inspection.

**You must call West Peoria Zoning Department for final inspection date.**

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Homeowner: \_\_\_\_\_  
Signature Date

Print name: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Signature Date

Print name: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:**

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Collected: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_

Inspector #1: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature Date Position

Inspector #2: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature Date Position

Zoning Department: \_\_\_\_\_  
Signature Date

PERMIT APPROVED:  Yes  No

**Comments:**

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**Site Plan of property:**

**(Please show your property and where the fire will be located below)**