



Olympic Region Clean Air Agency  
 2940 Limited Lane NW  
 Olympia, WA 98502  
 (360) 539-7610 • FAX (360) 491-6308  
 South Bend Office (360) 942-2137  
 www.ORCAA.org

# Land Clearing Burn Permit

**This permit is not valid until fees are paid and permittee receives an approved permit. Permit fee: \$104.00 per acre cleared. Non-refundable. Permit duration: 30 days.**

**Land clearing burning means outdoor burning of trees, stumps, shrubbery, or other natural vegetation from projects that clear the land surface so it can be developed or be left unused.**

**Burning is authorized subject to the following conditions:**

1. This permit may be suspended, modified or revoked at any time when deemed necessary for the protection of life, property, or air quality, or for violation of permit conditions.
2. At all times during burning, this approved permit must be on site and available for inspection by an ORCAA inspector.
3. A person and equipment capable of extinguishing the fire must be in attendance at all times. A fire is not extinguished until there is no visible smoke and no visible flame.
4. Only **natural vegetation**, originating on the parcel, may be burned. No burn pile may have a diameter greater than 20 feet.
5. The fire must not create a nuisance, obscure visibility on public roads and highways, or endanger life and property through spread of a fire or pollutants. In case of any of these events, combustion must be improved or fire shall be extinguished at the discretion of ORCAA.
6. No fires are to be within 100 feet of structures, 500 feet of forest slash, or 50 feet of standing trees.
7. Burn only during approved hours. Prior to ignition, call ORCAA at 360-539-7610 or 800-422-5623 (after hours, press extension 5), for current air quality information, burning hours, and restrictions.
8. This permit does not relieve the applicant from obtaining permits required by any state or local fire protection agency or from compliance with the Uniform Fire Code.
9. The permittee, by igniting a fire pursuant to this permit, accepts all responsibility for fire suppression costs incurred, or damage sustained, by any person or property. If the fire escapes, regardless of cause, the permittee shall be responsible for paying for the people and equipment for fire suppression, as required by Chapter 76.04 RCW.
10. A map or site plan where burning is proposed must be clearly outlined and included with the permit application.
11. Additional Conditions: \_\_\_\_\_

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Permit # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Land Clearing Burn Permit Application

**This permit is for AIR QUALITY purposes only and is not intended to replace any permit or applicable fire safety requirements, codes, or restrictions of an appropriate fire agency.**

**PROPERTY OWNER**

Property Owner/Business: \_\_\_\_\_

Burn Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal: T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_ Parcel #: \_\_\_\_\_ Fire District: \_\_\_\_\_

Purpose of burn: \_\_\_\_\_

Total Acreage of parcel: \_\_\_\_\_ Acreage being cleared: \_\_\_\_\_ # Pile(s): \_\_\_\_\_ Width: \_\_\_\_\_

Material being burned: [ ] Fir/Hemlock [ ] Hardwood [ ] Brush [ ] Grass [ ] Other: \_\_\_\_\_

Is this site within 2000 feet of a hospital, school, day care, or assisted-living facility? [ ] Yes [ ] No

**BURN OPERATOR**

Name/Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

I do certify that I am the owner, authorized agent of the owner, or authorized contractor for the property subject to this ORCAA application/permit. I authorize ORCAA staff to enter the property listed in this application at reasonable times for purposes of inspecting the work that is the subject of this application/permit and to ensure compliance with permit conditions, applicable laws and regulations. I understand that granting of this permit by ORCAA does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this permit. I have read and will abide by the conditions set forth in this permit and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge true, accurate and complete.

\_\_\_\_\_  
 Applicant Name Signature Date

Date Application Received       <i>Agency Use Only</i>	Payment Due: _____ [ ] Cash [ ] Check: # _____ [ ] Credit: # _____	[ ] Approved [ ] Disapproved Review date: ____/____/____ Reviewed by: _____ <i>Agency Use Only</i>	Permit # _____ Permit Expiration: ____/____/____ <i>Agency Use Only</i>
	Receive date: ____/____/____ <i>Agency Use Only</i>		