

APPLICATION TO PILE BURN IN THE BUSH FIRE DANGER PERIOD

PROTECTION OF THE ENVIRONMENT OPERATIONS (CLEAN AIR) REGULATION 2010

1. APPLICANT:

Title: Mr Ms Miss Mrs Dr

First Name: _____ Last Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Mobile: _____ Email: _____

1. LOCATION ADDRESS OF BUSH FIRE HAZARD REDUCTION WORKS (ATTACH MAP IF NECESSARY):

3. WHAT EXISTING ASSETS WILL THIS PROPOSED ACTIVITY BE PROTECTING?

- A house
 Other buildings (eg: machinery and hay sheds) _____
 Crops, pasture or fence
 Other (specify) _____

4. PILE BURN CONSISTS OF:

- Dead vegetation only – naturally fallen
 Dead vegetation only – mechanically cleared
 Dead vegetation / other rubbish (eg: paper, cardboard, timber)

Please specify: _____

Other (specify): _____

5. MAXIMUM SIZE OF PILE TO BE BURNT:

6. REASON FOR BURNING OF PILE:

7. WHEN DO YOU PROPOSED TO DO THE WORK?

- Starting _____ Day _____ Month _____ Year _____
- Finishing _____ Day _____ Month _____ Year _____

8. HOW WAS THE AREA LAST TREATED FOR HAZARD REDUCTION?

- Hazard Reduction burn Mowing / Slashing Ploughing
- Grading Wildfire Unknown
- Not treated

9. IF BURNING IS PROPOSED HOW LONG IS IT SINCE THE AREA WAS LAST TREATED?

- (Tick the nearest year) 1 2 3 4 5 6 7 8 9 10 15 20+

10. WHAT IS THE VEGETATION TYPE?

- Forest Shrubs Grass
- Not Native
- Or what is the vegetation formation (if known)? _____
- _____

11. HAS A CONSENT OR APPROVAL FOR REMOVAL OF VEGETATION ON THIS LAND BEEN REFUSED WITHIN THE LAST THREE YEARS?

- Yes (Provide Details below) No
- _____
- _____

12. PROVIDE DETAILS OF ANY KNOWN THREATENED SPECIES, POPULATION OR ECOLOGICAL COMMUNITY:

13. PROVIDE DETAILS OF ANY KNOWN ABORIGINAL RELIC OR PLACE:

14. DOES THE PROPOSED BUSH FIRE HAZARD REDUCTION WORK REQUIRE WORK ON A NEIGHBOURING LAND?

Yes (Provide an attached written authority from each owner or manager authorising the work on their land) No

15. AUTHORISATION:

As the owner / occupier of this land I consent to the above bush fire hazard reduction works and attest that the information on this form is correct and to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____

Privacy Policy

By completing this form you are enabling Wollondilly Shire Council to collect personal information about you for the purpose of assisting in the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application. At any time you have the right to access, view or correct the personal information that you have provided. The information will be stored in Council's records system and may be placed on Council's Website or be subject to a request to access information under the Government Information (Public Access) Act 2009 (GIPAA).

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