



1240 N. Highland Ave., Suite 5, Aurora, IL 60506
Phone (630) 444-3040 Fax (630) 897-8123

115 S. Grove Ave., Suite 209, Elgin, IL 60120
Phone (847) 608-2850 Fax (847) 888-6458

Ceremonial Fire Application

Name: _____ Phone # () _____ Fax # () _____

Home Address: _____
(Street) (City) (State) (Zip)

Date of Event: _____ Parcel Number of Event: _____

Beginning Time of Event: _____ Ending Time of Event: _____

Address of Event: _____
(Street) (City) (State) (Zip)

Name/ Reason for Event: _____

Type of Materials to be Burned: _____

Type of Fire Suppression: _____
(i.e. fire extinguisher or hose attached to functional water source)

Phone # you can be reached at during the ceremonial fire: () _____

A Fee of \$25.00 must be submitted with the application

- * I agree to follow all burning regulations as described in the Kane County Burning Ordinance.
- * I have received a copy of the burning ordinance from the Kane County Health Department.
- * This permit may be revoked at any time for failure to abide by the Kane County Burning Ordinance.
- * As the requestor of the permit you must be on site during the entire ceremonial fire.
- * **You must notify your local fire protection district the day of the ceremonial fire**

Signature Date

Return to Kane County Health Department, Environmental Section, 1240 N. Highland Ave. Suite 5, Aurora, IL 60506 or Kane County Health Department, Environmental Section, 115 S. Grove Ave. Suite 209, Elgin, IL 60120. Any questions please call 630-444-3040.

Office Use Only

Ceremonial Fire Permit # _____ Date Issued: _____ Issued By: _____