

29 Alfred Terrace, Streaky Bay SA 5680 T: (08) 8626 1001 E: dcstreaky@streakybay.sa.gov.au

Fire Permit Application ENVIRONMENTAL MANAGEMENT

ENVIRONMENTAL MANAGEMENT DCSB 05 Form 20

Issued: 2023 Next Review: 2026

Full Name Person attending & in control of the fire(s) NOT company/partnership names			
Residential Address (House Number / Street Name) (Lot, Section & Hundred)			
Postal Address			
Phone / Fax Number	P F		
Email			
Mobile Phone Number			
Purpose of permit			
(Broadacre burning etc)			
Name of Second Person on site			
Mobile Phone Number			
	Vehicle Mounted Tank & Pump	YES	D NO D
What firefighting equipment will be onsite? Firefighting units must have a minimum of 1,000L present on site from the time the fire is lit unit! the fire is fully extinguished	Total Tank capacity (approx) Number of tanks	litre	5
	Other Equipment		
What type of Firebreaks are in	Other Equipment Ploughed	YES	
place?	Chemical	YES	
Minimum 4 metres wide	Other(describe)		
Minimum number of people	2 persons		
required to attend the fire? Minimum of 2 persons from time fire is lit to the time it is completely extinguished	More than 2 persons \Box		
	Immediate Neighbours		
Who will be notified of the intention to light the fire(s)	Nearest CFS Captain		
Must notify all parties no more than 7 days or no less than 2 hours before lighting each parcel of land.	Name of Brigade		
	Council Office 8626 1001 or	Online Notification	

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Description of vegetation to be burnt (stubble,grass)	
Section/Lot Number(s), Hundred, name of road the land fronts (or access road)	
Preferred start date of permit	

FIRE PERMIT APPLICATION

Completed form to:

- F (08) 8626 1196
- E dcstreaky@streakybay.sa.gov.au
- Application must be received 2 days prior to burning
- Broadacre burning permits issued for the entirety of the fire danger season
- NO burning on Sundays or public holidays
- NO burning until you have received a copy of your burning permit

Office Use Only

Comments: _____ Permit number FESA: _____Issued On: _____ Permit Officers Name and ID Number: _____