

City of Bedford Planning Department Variance of Burning Ordinance

Name/address/TX#: _____

Effective Date(s): _____

Duration of fire: _____

Location of fire: _____

Size of fire (Sq Ft): _____

Material to be burned: _____

Nearest structure to fire: _____

Reason for fire: _____

I understand that I assume all liability and responsibility for the fire and any damages and/or injuries that might occur due to this fire.

Signature of applicant: _____ Date: _____

No Burning between the hours of 6pm and 6am.

Approved: ____ Disapproved: ____ Tabled: ____ Date: _____

Chairing Planning Commission: _____

Secretary Planning Commission: _____

Permit#: _____

Please submit this completed form to DAndry@bedford.in.us