

TOWN OF BON ACCORD
P.O. Box 779, 5025 – 50 AVENUE
BON ACCORD, ALBERTA
T0A 0K0
PHONE: 921-3550 FAX: 921-3585

FIRE PIT PERMIT

Name of Applicant: _____

Mailing Address of Applicant: _____

Residential Address: _____

Legal Address: _____

Telephone Number: _____

Owner (if different than applicant): _____

Address of Owner: _____

Have you read the Fire Pits By-law? _____ yes _____ no

Please include a land site diagram of your fire pit in regards to the proximity to structures and fences on your property.

Signature of Applicant: _____

Consent of Owner of Land if different than Applicant: _____

For Office Use Only:

Approved: _____ yes _____ no Date of Inspection: _____

Conditions: _____

Signature of Fire Chief or Designate: _____
