**Administration Building:** 180 Mort Street Lithgow **Postal Address:** PO Box 19 Lithgow NSW 2790

**Phone:** (02) 63549999

**Email:** <u>council@lithgow.nsw.gov.au</u> **Web:** www.lithgow.nsw.gov.au

ABN: 59 986 092 492



## Application to Open Burn

Protection of the Environment Operations (Clean Air) Regulation 2010 Lithgow City Council Policy 5.6 – Control of Open Burning

Please complete all sections and submit this form to Council at least two (2) weeks prior to proposed burn.

## NOTE:

- Properties zoned: RU1 Primary production; RU2 Rural Landscape; RU5 Village; R5 Rural Residential, and are greater than 4,000m² are exempt from requiring Council approval if the burn is to remove dead/dry vegetation and/or for agricultural purposes.
- 2. Notice must be provided to the NSW Rural Fire Service on all occasions.
- 3. There is no applicable fee that will apply for this application.

Applicant Details:				
Applicant Name:				
Applicant Address:				
Applicant Phone Number:				
Applicant Email:				
Open Burn Details:				
Property Owner Name:				
Property Owner Phone Number:				
Property Owner Email:				
Date and Time of Proposed Burn:				
Address of Open Burn:				
Mapping Zone:				
Approximate Size of Burn (m³):				
Type of Vegetation/Material to be Burnt:				
Source of Vegetation/Material:				
Distance and Direction to Nearest Dwelling:				
Distance and Direction to Nearest Public Road:				
Notification Given to all Adjoining Landholders/Occupiers? (Please Circle): Yes				
Notification Given to NSW Rural Fire Service 24hrs Prior to Burn? (Please Circle):				
Permit to Burn Received from NSW Rural Fire Service? (Please Circle): Yes No				

## **Access for Inspection Agreement:**

Version:

Access to this property may be required by Council officers in order to assess this application and determine compliance with the relevant Regulations. By the submission of this application or by authorising its submission by another person, it is understood you are giving approval for Council officers to enter the property. No internal access to the premises is required.

Name of Contact Person for Acce	ss:			
Contact Phone Number:				
Declaration:				
In submitting this notification, I acl	knowledge that:			
<ul> <li>I/We declare that the information knowledge.</li> </ul>	rmation provided i	n this form is true and cor	rect to the best of my	
Name:				
Signature:				
Date://				
PRIVACY & PERSONAL INFORMATION				
By completion of this form, you may be pro a lawful purpose directly related to the fun of Council's business operations. We will t come under the Government Information (	ction of Council. Information	nation provided to Council may be not to disclose personal informat	be used in conjunction with any	
OFFICE USE ONLY				
DATE REVEIVED:/	/	APPLICATION NO.:		
RECEIVED BY:		SIGNATURE:		
RECEIPTED BY:				
NOTES:				
Maintained By Dept:	ED&E	Effective Date:	Review Date:	

October 2021

October 2023