



TOWN OF VEGREVILLE

Town of Vegreville
5100 – 60 Street
Postal Drawer 640
VEGREVILLE, ALBERTA T9C 1R7
T: 780-632-2254 | F: 780-632-2629
www.vegreville.com
Emergency 911

Open Air Recreational Fire Bylaw Permit Application – Schedule A

(This form to be completed by the individual seeking the permit)

The Town of Vegreville and Vegreville Emergency Services reserves the right to regulate and control the design, construction materials and safety precautions of all open air fire pits, fireplaces and other appliances within the corporate limits of the Town of Vegreville and any land under the care of the Town of Vegreville.

Date:	Applicant First Name:	Applicant Last Name:
Primary Contact Number:	Secondary Contact Number:	Email Address:
Complete Mailing Address:	Residential Address:	Landowner's Name (if different than Applicant)
		Landowner's Primary Contact Number:
Type of Outdoor Fire Installation <input type="checkbox"/> Fire Pit <input type="checkbox"/> Outdoor Fireplace <input type="checkbox"/> Portable Barbeque Device <input type="checkbox"/> Other:	Type of Construction <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Heavy Gauge Metal <input type="checkbox"/> Other:	Have all Utility Companies been consulted for line locations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Has the Landowner provided approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Licence # (if applicable)	
Please select one payment method: <input type="checkbox"/> I am paying by Cash/Cheque/Money Order and have included the \$28.75 fee I am paying the \$28.75 fee by Credit Card via Option Pay on vegreville.com		
I, the above applicant, have read and understand the sections of the permit application, and the Fire Services Bylaw No. 02-2018 attached to this application, and warrant that my installation is in compliance with the Bylaw. I further accept any and all responsibility and liability for damages that may occur from the use of my installation.		
Signature of Applicant	Date	
For Office Use Only		
Received on _____	\$28.75 Permit Fee Paid Yes/No (Attached copy of Receipt)	
Forwarded to Fire Department on _____		
Approved By: (Name, Title, SCO Designation) _____		
Signature: _____	Date: _____	