

CITY OF UTQIAĠVIK

BONFIRE PERMIT APPLICATION

Name of Applicant/	Sponsor:				
Physical Address:	-				
Mailing Address:					
City:	State:			Zip Code:	
Contact Phone#:			Cell Phone#:		
Email Address:			_		
The above-named ap	plicant requests author	ization to kindl	e and maintain a bo	onfire on	
DATE	TIME		SPECIFIC LOCATION		
A permit shall be ob	ained from the City of L	Jtgiagvik prior t	to kindling a fire for	a bonfire.	
	equested by and issued of the bonfire area. The				
Department in adva	bonfire, the sponsor in nce identifying the locat yard residential areas, ev	tion and the tim	ne of the bonfire. Bo	onfires are not permi	_
a specific location the feet of any structure The use of wood pal and cooled. Bonfires	ets is permitted only if shall be constantly atte	the City. No bo all nails are ren	nfires will be perm noved from the are fire is completely ex	itted in residential a a after the fire has b ktinguished. All trash	reas or within 50 een extinguished
A City employee will up needed. Violatior	ed and cleared within 24 check the area the day for of this chapter is an in- ed to enforce this ordina	following the bo	onfire and will notif	y the sponsor of any	
By signing this appli	cation, I attest to the fa e conduct and cleanup o	ct that I unders	-		t I will personally
Sponsor Sign	ature	Date	Administrati	on Approval	Date

P.O. Box 629 * UTQIAĠVIK, ALASKA 99723 *PHONE (907) 852-5211 * FAX (907) 852-5871* www.utqiagvik.us *