



**Town of Lisbon Fire Dept.**

**Fire Prevention Bureau**

W234N8676 Woodside Rd.

Lisbon, WI 53089

P: 262-538-3902 | F: 262-538-3906

Fire Marshal M. Mertens:

mmertens@townoflisbonwi.com

**Bonfires &  
Vegetation Burns  
Permit Application  
(>4'x4'x4')  
(PF-717)**

Burn Address:	City:	Zip Code:
Project Description/Scope of Work:		
Property Owner:		
Contractor Performing Work:		E-mail:
Contractor License #:		
Contact Person:		Phone:
Anticipated date of burn:		
<b>Administrative Fees</b>	<b>TOTAL</b>	
<input type="checkbox"/> Work Without Permit - Quadruple Normal Fees	_____	
<input type="checkbox"/> Re-Inspection Fee (1) - \$150	_____	
<input type="checkbox"/> Re-Inspection Fee (>1) - Double Each Additional	_____	
<input type="checkbox"/> Variance Requests - \$100 Per Code Section	_____	
<b>REQUIREMENTS:</b>		
<input type="checkbox"/> Completed "Bonfire & Vegetation Burns Provisions" questionnaire on page 2		
<input type="checkbox"/> Payment of Fees (see below)		
<b>REASON FOR FIRE:</b>		
<input type="checkbox"/> Bonfire		
<input type="checkbox"/> Vegetation Burn		
<input type="checkbox"/> Ceremonial		
<input type="checkbox"/> Other _____		
<b>PLAN REVIEW FEES:</b> \$100 per site - # of sites _____ x \$100		
<b>TOTAL DUE</b>		\$ _____

Check here if plans were submitted electronically.

Make checks payable to: Lisbon Fire Dept. Attn: Permits

\*\*For LFD Use \*\*

Payment Method:     Check                       Cash

ENTERED \_\_\_/\_\_\_/\_\_\_

Date Payment Received: \_\_\_\_\_ Date Plans Received: \_\_\_\_\_

LFD Permit Number: \_\_\_\_\_ Review/Initial \_\_\_\_\_ Total Paid to LFD: \_\_\_\_\_

# ***Lisbon Fire Department***

## ***Fire Prevention Bureau***

### **Bonfire & Vegetation Burns** **Provisions**

**The following is a list of the items that need to be in place or documented to the Lisbon Fire Department as part of any bonfire/vegetation burn >4'x4'x4' request, prior to formal approval:**

List the names of all responsible persons responsible for the ignition, containment or extinguishment of the fire (any or all may apply).

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Where will the fire take place? Provide the complete address as well as an accurate description of where within the property the fire will be kindled and extinguished. The description should include accurate measurements to any structures or mature landscape (trees). **Please submit a site map with this application.**

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Total time of the event, include start and end time of fire.

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What fire containment/extinguishment measures will be in place prior to ignition and maintained in place until the fire is extinguished i.e. ¾ inch charged garden hose(s).

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How will the fire be ignited and who will ignite? Will you be using matches and newspaper or do you plan to use an accelerant fuel?

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How will the fire be extinguished and who will be doing it? List the size and number of hoses that will be used. Please indicate if the property is served by a municipal or private water supply.

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LFD Approval Signature \_\_\_\_\_