

**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: \_\_\_\_\_

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**For Office Use Only:**

Approved: \_\_\_\_\_ yes \_\_\_\_\_ no Date of Inspection: \_\_\_\_\_

Conditions: \_\_\_\_\_

Signature of Fire Chief or Designate: \_\_\_\_\_

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