

(Regulation 17)

FORM NO. 7

Application for a prescribe Burning Permit in a Forest Estate

Application File Ref. No.:

Date:

A. General Information

- 1. Full Name of Applicant (or company):
- 2. If Company, please indicate Bahamas Business Licence No.:
- 3. Permanent Street Address of Applicant (or company):
- 4. P. O. Box:
- 5. Telephone No. (s):
- 6. Fax No. (s):
- 7. E-mail address:

B. Location

- 8. Name of forest estate:
- 9. Location of the area of operation:
[Please provide GPS co-ordinates and/or GIS map depicting exact location in the forest area]
- 10. Nearest Settlement:
- 11. Island:

C. Specific Information

- 12. Is this your first application for a Prescribe burning permit?
 Yes No

If no, state in relation to the last permit granted:
 - (i) Application No.:
 - (ii) Date of application:
- 13. Was the application successful?
 Yes No
If yes, state
 - (i) Permit No.:
 - (ii) Date of issue:

14. Please indicate whether a prescribe burn plan is attached, in compliance with requirements of Regulation 17 (2) (b).

Yes

No

15. State whether the owners or occupiers of adjoining property have been notified of the proposed Prescribe Burn activity
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D. DECLARATION

I certify that to the best of my knowledge and belief the information supplied by me above is accurate and complete. I understand that any misrepresentation made by me in this regard may result in the disqualification of this application. I certify that I will serve notice on the occupiers of adjoining private lands of the intent to carry out a prescribe burn and the proposed dates and times of burning.

Signature of Applicant/agent on behalf of the applicant/company
