



It is the vision of the Johnson City Fire Department to provide diversified emergency services through trust, dedication, teamwork, professionalism and pride...pursuing the highest standards of safety for all who face the loss of life, property or livelihood.

JOHNSON CITY FIRE DEPARTMENT

BONFIRE PERMIT

PLEASE PRINT LEGIBLY

ADDRESS: _____

LOCATION OF BONFIRE: _____

DATE OF PERMIT: _____

OWNER OF PROPERTY: _____

RESPONSIBLE PARTY: _____

CONTACT PHONE NUMBER: _____

REASON FOR BONFIRE (**PLEASE PRINT LEGIBLY**)

By signing this permit application, I agree to comply with all applicable provisions of the City of Johnson City Municipal Code and Johnson City Fire Department regulations and any additional special restrictions deemed necessary to insure public health and safety.

Applicant Name (Print): _____

Applicant Signature: _____

JCFD Representative: _____ DATE: _____