

**State of Hawaii
Department of Health
Clean Air Branch**

Application for Agricultural Burning Permit

Permit is required by Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control

Section 1. Applicant Information	
Last Name	First Name
Daytime Phone Number	Cell Phone Number
E-mail Address	
Mailing Address	
City	Postal Code
State/Province/Region	Country
Individual Authorized to act for the Applicant: (To be completed if different from applicant.)	
Name	Title
Daytime Phone Number	Cell Phone Number
E-mail Address	
Mailing Address	
City	Postal Code
State/Province/Region	Country
Section 2. Permit to be Issued to: (List applicant name or business which will appear on the permit.)	
Applicant Name	Title
Business Name (Company, corporation, government agency, etc.)	
Type of Business: (Check one box) <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Federal	Nature of Business: (Identify general type of operation.)
General Excise Tax Status: (Check one box) <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Pending	GET License Number: (W and 8-digits)
Acres to be burned: (Check one box) <input type="checkbox"/> Less than ten acres - \$50.00 <input type="checkbox"/> Ten to less than one hundred acres - \$150.00 <input type="checkbox"/> One hundred to less than one thousand acres - \$750.00 <input type="checkbox"/> One thousand or more acres - \$1500.00	Size of Property/Farm in Acres: _____
Reason for Burning:	
Material to be Burned:	
Proposed Start Date:	
Section 3. Burn Location *ATTACH MAP OF BURN LOCATION	
Island <input type="checkbox"/> Oahu <input type="checkbox"/> Kauai <input type="checkbox"/> East Hawaii <input type="checkbox"/> West Hawaii <input type="checkbox"/> Maui <input type="checkbox"/> Molokai <input type="checkbox"/> Lanai	
Burn Location Address (Location where burning will take place. List TMK if no street address.)	
City	Postal Code
State/Province/Region	Country
Tax Map Key (TMK):	

Section 4. Property Information *ATTACH OWNERS WRITTEN AUTHORIZATION TO BURN ON THE PROPERTY	
You must have the legal right, title, or possession to the property listed in section 3 and if not the owner of the property, have the owner's written authorization to burn on the property.	
Are you the owner of the property? <input type="checkbox"/> Yes (Continue to Section 5) <input type="checkbox"/> No (Fill out owner information)	
Are you leasing the property? <input type="checkbox"/> Yes Expiration date of lease:	
<input type="checkbox"/> No Explain your legal right to the property:	
Owner Last Name	Owner First Name
Daytime Phone Number	Cell Phone Number
E-mail Address	
Mailing Address	
City	Postal Code
State/Province/Region	Country
Section 5. Certification (Original signature in ink and date is required.)	
Print Name	Print Title:
<i>I certify that the information provided in this application are true to the best of my knowledge. I acknowledge that failure to disclose any requested information or providing inaccurate information may result in delay in processing or disqualification of the agricultural burning permit application. I further state that to the best of my knowledge and belief, the operation for which this application is made will not in anyway violate any law, rule, ordinance, or decree or any duly authorized governmental entity having jurisdiction.</i>	
Signature	Date
Original signature in ink and date is required. Failure to do so will delay the processing of your application.	
Complete and return this application with the appropriate attachments and fees to: Clean Air Branch Environmental Management Division Hawaii Department of Health P.O. Box 3378 Honolulu, Hawaii 96801	
Please make checks payable to: CLEAN AIR SPECIAL FUND-NON and include your phone number on your check. Failure to do so will delay the processing of your application. The filing fee is non-refundable. There will be a service fee of \$25.00 for any check dishonored by the bank. If you have any questions call our office at (808) 586-4200.	

FOR AGENCY USE ONLY	
Date Received:	Fee Paid:
Application No. (App#):	Receipt No.:
Permit No. (AGP#):	Last Year's Permit No.:
Expiration Date:	Last Year's Expiration Date:
Date Issued:	Evaluated by:
Date Mailed:	Date Approved:
Comments:	Application Submission No.: