

COUNTRY FIRE AUTHORITY ACT 1958
APPLICATION FOR A PERMIT UNDER SECTION 40 TO USE FIRE ON A DAY
OF
TOTAL FIRE BAN



Note – You will need to apply for this permit to use fire on a day of **Total Fire Ban** even if you have a obtained a permit under Section 38 of the *Country Fire Authority Act 1958* and Schedule 14 of the *Country Fire Authority Regulations 2004* to use fire during a **Fire Danger Period**.

TO: THE CHIEF OFFICER

The applicant hereby applies for a permit under Section 40 of the *Country Fire Authority Act 1958*. The applicant supplies the following information in support of the application:

Applicant Details					
1. Telephone <u>Must be 24 hour availability</u>					
2. Applicant: (name of Company, Statutory Corporation, Municipal Council, or individual and where relevant, the applicant's ABN/ACN/ARBN)					
3. Authorised representative: The person who will have oversight of the work conducted using the permit					
4. Job title of authorised representative:					
5. Email address					
6. Address of applicant: Must be a physical address	Street Address <hr style="border-top: 1px dotted black;"/> Town/Suburb: <hr style="border-top: 1px dotted black;"/> Postcode: <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Description of Work	
6. Type of work to be carried out: (tick) <input type="checkbox"/> Welding, cutting or grinding <input type="checkbox"/> Heating & spreading of bitumen <input type="checkbox"/> Diesel or gas powered steam cleaner <input type="checkbox"/> Blow lamps, gas torches <input type="checkbox"/> Gas flare-off <input type="checkbox"/> Carry out blasting <input type="checkbox"/> Aerodrome Flares <input type="checkbox"/> Petroleum Flares <input type="checkbox"/> Industrial heat testing <input type="checkbox"/> Destroying medical waste <input type="checkbox"/> Working with bees <input type="checkbox"/> Catering <input type="checkbox"/> Public fireworks (please provide Worksafe license number) <input type="checkbox"/> Sawdust burner <input type="checkbox"/> Hot air ballooning <input type="checkbox"/> Religious or Cultural Purposes <input type="checkbox"/> Other	If 'other', please describe:

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7. What will fuel the fire?: (eg) <ul style="list-style-type: none"> ▪ Flammable liquid ▪ Gas ▪ Electricity ▪ Oils and/or fats 	Please describe:
8. Location at which the work will be done If multiple locations, please list each one. If you are a state-wide operator, please write 'state-wide'.	
9. Period for which permit sought	
10. Explain why the use of fire in the open air on a day of Total Fire Ban is necessary	

Permit conditions and Applicant's acknowledgments	Please confirm acceptance
11. The applicant acknowledges that conditions will apply <i>if</i> a Permit is granted. The applicant agrees to abide by these conditions and is aware that any permit granted may be revoked.	<input type="checkbox"/>
12. The applicant acknowledges that failure to comply with every condition contained in any permit issued is an offence under section 40(9) of the <i>Country Fire Authority Act 1958</i>.	<input type="checkbox"/>
13. The applicant acknowledges that if a permit is issued, the permit will only apply in that area defined as the <i>Country Area of Victoria</i> and is not valid in the Metropolitan Fire District or within any National Parks or Protected Public Land or within any fire protected area under the <i>Forest Act 1958</i>. NOTE: <i>Parts of Greater Melbourne fall within the Country Area of Victoria. Please check the boundary on the orange key maps at the front of a Melways street directory or contact CFA on (03) 9262 8444 if you require more information.</i>	<input type="checkbox"/>
14. The applicant acknowledges that the Country Fire Authority will assess this application, and may determine not to issue a permit.	<input type="checkbox"/>
15. Applicant signature IndividualDate..... Company, Statutory Corporation or Municipal Council Signed by a director or authorised officer of the Applicant: Signature.....Date..... Full name..... Address.....	

This Application may be lodged with:

EMAIL
fire.restrictions@cfa.vic.gov.au

POSTAL ADDRESS
 Chief Officer
 PO Box 701
 Mount Waverley
 Victoria 3149