



# REQUEST FOR PRESCRIBED VEGETATION BURN APPROVAL UNDER 326 IAC 4-1

State Form 50864 (R6 / 1-22)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY – COMPLIANCE & ENFORCEMENT  
100 N. Senate Avenue  
MC 61-50, Room 1003  
Indianapolis, IN 46204-2251  
Telephone: (317) 233-5672  
E-mail: [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov)  
Website: [www.in.gov/idem/openburning](http://www.in.gov/idem/openburning)

### NOTES:

- This form is used to request an approval to conduct prescribed vegetation burning, in accordance with 326 IAC 4-1. Complete and return this form, along with the Identification of Potentially Affected Persons (State Form 49635) form, to the Office of Air Quality e-mail address provided in the upper right-hand corner.
- In case of questions, call (317) 233-5672 or e-mail [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov).

FOR OFFICE USE ONLY	
APPROVAL ID NUMBER	ASSIGNED TO

### INSTRUCTIONS

► Part A requires contact information of the individual requesting the approval. Part B requires contact information of the responsible party conducting the burning. Part C requires information on the physical location of the burn site, which may include parcel numbers, nearby intersections, GPS, Public Land Survey System (PLSS), or 911 address. Part D requires the duration of the approval being requested. Part E is a checklist of supporting documentation to be included with the approval request. Part F requires information for each of the burn units where prescribed burning will be conducted. If required, include a mitigation statement describing steps that will be taken to ensure the identified item(s) / area(s) are protected from adverse impacts from smoke and fire during the burning. Once completed, **sign and date** this form in Part G and submit it, along with the **signed** "Identification of Potentially Affected Persons"<sup>1</sup> (State Form 49635), at least sixty (60) days prior to the projected burn start date to [burnapprovals@idem.IN.gov](mailto:burnapprovals@idem.IN.gov).

### PART A: INDIVIDUAL REQUESTING APPROVAL

Name:	Title:	E-mail Address:
Company Name:	Company Mailing Address:	Telephone Number:

### PART B: RESPONSIBLE PARTY CONDUCTING PRESCRIBED BURN

Name:	Title:	E-mail Address:
Company Name:	Company Mailing Address:	Telephone Number:

### PART C: PRESCRIBED BURN LOCATION AND INFORMATION

Site Name:	Site Location:
County:	Projected Burn Date(s) or Burn Season(s):
Total Number of Acres to Be Burned:	Local Fire Department Name and Mailing Address:

Purpose of Prescribed Burn:

<input type="checkbox"/> Invasive species management	<input type="checkbox"/> Maintain biodiversity of an established natural area
<input type="checkbox"/> Control successional growth	<input type="checkbox"/> Reintroduction of natural fire for seed propagation
<input type="checkbox"/> Other:	

### PART D: BURN APPROVAL DURATION

Requested approval duration (years):  1  2  3  4  5

Note: An approval cannot be issued for more than one year if the prescribed burn site is located in Lake, Porter, Clark, or Floyd counties.

### PART E: SUPPORTING DOCUMENTATION CHECKLIST

The following supporting documentation should be included as part of the burn approval request, as applicable:	Included:
• Detailed burn plan (required to be submitted for burn approvals more than one (1) year in duration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Burn site map, with legend, identifying overall site, each burn unit, right of ways, and smoke sensitive areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Copy of prescribed burn/fire behavior training certificate(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Identification of Potentially Affected Persons (State Form 49635)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Identification of Potentially Affected Persons (State Form 49635) available online at [www.in.gov/idem/forms/idem-agency-forms/#oag\\_compliance](http://www.in.gov/idem/forms/idem-agency-forms/#oag_compliance)

**PART F: BURN UNIT DETAILS**

► A burn unit is a defined area located within a burn site. A mitigation statement is required for a burn unit if one or more of the conditions indicated with an asterisk (\*) are selected. The mitigation statement should describe steps that will be taken to ensure the identified item(s)/area(s) are protected from adverse impacts from smoke and fire during the burning. If the necessary mitigation statement(s) are included in an included burn plan, state "See attached burn plan". Copies of this form section may be attached to identify additional burn units, if necessary.

Burn Unit Name/ID:	Number of Acres:	Vegetation Type(s) (genus, species, or plant family) to be Burned:
The burn unit is located within (*mitigation statement required): <ul style="list-style-type: none"> <li>• An incorporated area <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 100 feet of a structure, powerline, or utility <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a frequently traveled road <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a fuel storage area, or pipeline <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 500 feet of a railroad <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> </ul>		Mitigation Statement (if applicable):
Burn Unit Name/ID:	Number of Acres:	Vegetation Type(s) (genus, species, or plant family) to be Burned:
The burn unit is located within (*mitigation statement required): <ul style="list-style-type: none"> <li>• An incorporated area <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 100 feet of a structure, powerline, or utility <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a frequently traveled road <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 300 feet of a fuel storage area, or pipeline <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> <li>• 500 feet of a railroad <input type="checkbox"/> Yes* <input type="checkbox"/> No</li> </ul>		Mitigation Statement (if applicable):
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**PART G: SIGNATURE**

I hereby certify the information above and attached are accurate to the best of my knowledge.

Signature:	Title:	Company Name:
Printed Name:	E-mail Address:	Date: