



Emergency Services  
 Bldg. (780) 632-2254  
 Fax (780) 632-2629  
[www.vegreville.com](http://www.vegreville.com)  
 Emergency 911

**Town of Vegreville**  
*“Ordinary People Doing Extra Ordinary Things”*  
**Emergency Services**



5100-60 Street  
 Box 640  
 Vegreville, Alberta  
 T9C 1R7

**SCHEDULE “A”**

**OPEN AIR RECREATIONAL FIRE BYLAW**

**PERMIT APPLICATION**

The Town of Vegreville and Vegreville Emergency Services reserves the right to regulate and control the design, construction materials and safety precautions of all open air fire pits, fireplaces and other appliances within the corporate limits of the Town of Vegreville and any land under the care of the Town of Vegreville.

Applicant’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Alt.): \_\_\_\_\_

Land Owners Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone (Alt.): \_\_\_\_\_

Business License # (if applicable) \_\_\_\_\_ Approval by Land Owner (Y or N): \_\_\_\_\_

**Type of Outdoor Fire Installation**

Fire Pit  Outdoor Fireplace  Portable Barbeque Device  Other, specify: \_\_\_\_\_

**Type of Construction**

Brick  Concrete Brick  Masonry  Heavy Gauge Metal  Other, specify: \_\_\_\_\_

**All Utility Companies have been consulted for line locations?**

YES  NO  Not Applicable

I, the above applicant, have read and understand the sections of the permit application, and the “Open Air Recreational Fire Bylaw No. 02-2018” attached to this application, and warrant that my installation is in compliance with the Bylaw. I further accept any and all responsibility and liability for damages that may occur from the use of my installation.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

Please select one payment method:

- I am paying by Cheque/Money Order and have included the \$25 fee
- I am paying by Credit Card and wish to be contacted to pay the \$25 fee

**For Office Use Only**

Approved By:  
 (Name, Title, SCO Designation) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$25.00 Permit Fee Paid: \_\_\_\_\_