



Wauconda Community Development Department
109 W. Bangs Street, Wauconda IL 60084
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Bonfire Permit Application

Must be completed a minimum of 10 days prior to Bonfire

PERMIT# _____

Application Date: _____ Date of Bonfire: _____ Time of Bonfire: _____

Applicant: _____ Phone: _____

E-mail Address: _____

Address: _____ Bonfire at Applicant/homeowner address

HOA Bonfire location: _____

Bonfire ordinance/requirements given to applicant HOA letter of approval required Letter of Approval received

Purpose of Bonfire: _____

Type & amount of material to be burned: _____

Safety/Supervisory Plan: _____

Site Plan:

Signature of Applicant: _____ Date: _____

For Office Use Only

Permit Approved By: _____ Date: _____

Fee Collected: \$25 Check #: _____ Cash Date: _____ By: _____