

CONEWAGO TOWNSHIP APPLICATION FOR BURNING PERMIT

FOR OFFICE USE ONLY:

PERMIT NUMBER _____ DATE _____

1. PROPERTY OWNER'S NAME _____

ADDRESS _____ PHONE _____

2. TYPE OF MATERIAL TO BE BURNED: _____

3. ESTIMATED FREQUENCY OF OPEN BURNING ON THIS PROPERTY?

4. LOCATION (ADDRESS) WHERE BURNING WILL TAKE PLACE:

5. NUMBER OF FEET FROM PLACE OF BURN TO CLOSEST BUILDING _____

6. NAME OF RESPONSIBLE ADULT INDIVIDUAL WHO WILL BE PRESENT TO REGULATE AND CONTROL THE BURNING (BETWEEN SUNRISE AND SUNSET ON THE DATE OF ANY GIVEN BURN) _____

7. WHAT TOOLS AND EQUIPMENT WILL BE AVAILABLE AT THE TIME OF SUCH BURNING SO AS TO PERMIT THE RESPONSIBLE ADULT ATTENDING SUCH FIRE TO EFFECTIVELY CONTROL THE FIRE BEING SO SET UNDER THE CONEWAGO TOWNSHIP OPEN BURNING ORDINANCE?

I HEARBY CERTIFY that I have read the contents of the Conewago township open Burning & Air Pollution Control ordinance of 1991, Ordinance Number 91 - and I am familiar with the terms, conditions and limitations imposed therein, and that I the Applicant for this Burning Permit shall not violate the provisions of said Ordinance. Applicant hereby agrees to notify the Fire Board at 911 as to the date and time of said burning.

_____ CONTACT PHONE NUMBER (DAYTIME) _____ APPLICANTS SIGNATURE

THIS PERMIT IS APPROVED BY THE Fire Chief or Assistant Fire Chief of Conewago Township

on: _____ DATE _____ SIGNATURE _____