

(Fallowfield Township)
WASHINGTON COUNTY

PERMIT
FOR BURNING

PERMIT _____ DATE ISSUE _____ FEES _____

(NAME OF PERMIT HOLDER)

is issued this permit in accordance with Ordinance # (131). The Permit holder agrees to abide by the regulations established by the accompanying document. (Regular burning hours are 1:00 p.m. until 5:00 p.m. Monday through Saturday.)

APPLICANT NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE/DAY: _____ PHONE/NIGHT: _____

EMERGENCY PHONE: _____

APPLICANT'S SIGNATURE _____ DATE: _____

LOCATION OF BURN: _____ DATE OF BURN: _____

PURPOSE: _____

SIZE OF SITE: _____ HOURS: _____ - _____

COMMERCIAL RESIDENTIAL SINGLE LOT MULTIPLE LOTS

SITE INSPECTED BY _____

Notifications:
ELECTED OFFICIAL POLICE DEPT FIRE DEPT 9-1-1-CENTER

Approved by: _____ Date: _____
Signature Printed Name