

BURNING PERMIT APPLICATION

In accordance with Ordinance 1-91, the undersigned does hereby request a burning permit and agrees to utilize a PA DEP approved Air Curtain Destructor for such burning

Name of Contractor _____

Address of Contractor _____

Phone No. _____

Location of property where burning to take place _____

Date burning to take place _____

Time burn to take place _____

Contractor Name

Date

Approved: _____
Township Manager

Date: _____