

SANDY TOWNSHIP
OUTDOOR BURNING APPLICATION/PERMIT

PERSON DOING BURNING: _____

ADDRESS: _____

PHONE NUMBER: _____

PROPERTY OWNER OF BURN: _____

ADDRESS OF PROPERTY OWNER: _____

PHONE NUMBER OF PROPERTY OWNER: _____

LOCATION OF BURN: _____

DATE(S) OF BURN: _____

TIME OF BURN: _____

TYPE OF MATERIAL TO BE BURNED: _____

ORIENT OF MATERIAL TO BE BURNED: _____

REASON OF BURN: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALSO I HAVE READ THE ATTACHED CONDITIONS AND CONDITIONS SET BY THE TOWNSHIP AND/OR TOWNSHIP DEPARTMENT CHIEF AND FULLY UNDERSTAND THEM AND WILL ADHERED TO THEM.

SIGNATURE

DATE

PERMIT APPROVAL

APPROVAL TO BURN DATE(S) _____

ZONING OFFICER

DATE

FIRE DEPARTMENT CHIEF

DATE