

(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

Fax to: (724)223-4706

or scan and email to:

SUPERVISOR@CO.WASHINGTON.PA.US