



WESTCHESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR RESTRICTED BURNING PERMIT

- 1. NAME OF APPLICANT:
2. ADDRESS (street):
3. CITY, TOWN, VILLAGE STATE ZIP CODE
4. PERSON SIGNING APPLICATION: [] EMPLOYEE OF APPLICANT [] APPLICANT
5. DATE OF APPLICATION:
6. NAME: e-mail
7. TITLE: e-mail
8. NAME OF PERSON SUPERVISING OPEN BURNING:
9. TELEPHONE:
10. ADDRESS (street):
11. CITY, TOWN, VILLAGE STATE ZIP CODE
12. TYPE OF RESTRICTED BURNING PROPOSED:
() Residential on-site () Land clearing () Agricultural (fire town or town of fire district)
() Designated area for burning of toxic, explosive or dangerous materials
() Other (describe)
13. LOCATION OF OPEN FIRE:
14. TYPE AND MATERIAL TO BE BURNED:
15. METHOD OF STARTING FIRE:
16. REASONS FOR NECESSITATING BURING OF MATERIAL:
17. AMOUNT OF TIME REQUIRED FOR RESTRICTED OPEN BURNING AND EXPECTED COMPLETION DATE:
18. EMERGENCY METHOD FOR EXINGUISHING FIRE (describe):

I AGREE TO ABIDE BY ALL CONDITIONS OF THE PERMIT

DATE APPLICANT'S SIGNATURE TITLE

WESTCHESTER COUNTY DEPARTMENT OF HEALTH USE ONLY

PERMIT FOR RESTRICTED BURNING
(Issued pursuant to Chapter 873, Article XIII, Section 873.1314 of WCSC)

BURNING DATES PERMITTED:

DATE RECOMMENDED: SIGNATURE: TITLE:

DATE ISSUED: SIGNATURE: TITLE:

THE FOLLOWING CONDITIONS APPLY IN ADDITION TO THOSE SPECIFIED ON PERMIT: