



**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR RESTRICTED BURNING PERMIT**

- 1. NAME OF APPLICANT: _____
- 2. ADDRESS (street): _____
- 3. _____
- 4. CITY, TOWN, VILLAGE _____ STATE _____ ZIP CODE _____
- 5. PERSON SIGNING APPLICATION: [] EMPLOYEE OF APPLICANT [] APPLICANT
- 6. DATE OF APPLICATION: _____
- 7. NAME: _____ e-mail _____
- 8. TITLE: _____ e-mail _____
- 9. NAME OF PERSON SUPERVISING OPEN BURNING: _____
- 10. TELEPHONE: _____
- 11. ADDRESS (street): _____
- 12. CITY, TOWN, VILLAGE _____ STATE _____ ZIP CODE _____
- 13. 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) _____
- 14. LOCATION OF OPEN FIRE: _____
- 15. TYPE AND MATERIAL TO BE BURNED: _____
- 16. METHOD OF STARTING FIRE: _____
- 17. REASONS FOR NECESSITATING BURNING OF MATERIAL: _____
- 18. AMOUNT OF TIME REQUIRED FOR RESTRICTED OPEN BURNING AND EXPECTED COMPLETION DATE: _____
- 19. EMERGENCY METHOD FOR EXTINGUISHING FIRE (describe): _____

I AGREE TO ABIDE BY ALL CONDITIONS OF THE PERMIT

DATE	APPLICANT'S SIGNATURE	TITLE
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WESTCHESTER COUNTY DEPARTMENT OF HEALTH USE ONLY

- 19. RECOMMENDED ACTION: [] Approved [] Disapproved
- 20. Date: _____ 21. Signature: _____

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

- 22. DATE ISSUED: _____
- 23. BURNING DATES PERMITTED: _____
- 24. SIGNATURE OF APPROVAL: _____
- 25. TITLE: _____

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

