

**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 BURNING OF MATERIAL: _____
17. AMOUNT OF TIME REQUIRED FOR RESTRICTED OPEN BURNING AND EXPECTED COMPLETION DATE: _____
18. EMERGENCY METHOD FOR EXTINGUISHING 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:
