

**TOWNSHIP OF PENN, BERKS COUNTY, PA
BURNING PERMIT APPLICATION
LEAF WASTE IN APPROVED CONTAINER**

Office Use Only PERMIT NUMBER _____
--

 1-Day Burn: _____ **(date)**
(Per Ordinance 2020-1 – Only Permitted April, May, September and October)

NAME: _____ BUSINESS NAME: _____
Home Address: _____ Business Address: _____

Telephone No. Home: _____ Telephone No. Office: _____
Mobile: _____ Mobile: _____
Fax No.: _____ Fax No.: _____

Location at which the burn will take place: _____

Size (acres) of location of burn (Lot must be at least one (1) acre): _____

Description of type of container utilizing in burn: _____

Property owner(s) (if different from applicant listed above):
Name: _____ Name: _____
Address: _____ Address: _____
Telephone No.: _____ Telephone No.: _____

An annual fee of \$25.00 payable to the Township of Penn must accompany application.

The Applicant must sign the following statement:

I(We), the undersigned Applicant(s) for a (___) 1-Day Burn Permit INTENDING TO BE LEGALLY BOUND HEREBY, state that neither I(we), nor anyone claiming by, through or under me(us), shall make any claim against the Township or against any public service agency, including but not limited to any fire company, for any damage caused as a result of the fire/burning, which is the subject of the application.

I(We) have read and understand the Penn Township Burning Ordinance and agree to comply with all its terms and provisions.

Further, I(we) hereby agree that in the event of a change to any of the information provided on this Application, I(we) agree to notify the Township within forty-eight (48) hours of such changes.

If I (we) are not the property owners, I (we) have advised the property owners of desire to burn leaves on the property in an approved contained and they have consented to the submission of this application.

CONTINUED ON NEXT PAGE

I (we) agree not to burn during any burning ban issued by the Township or the Commonwealth.

Signature _____

Signature _____

Print Name _____

Print Name _____

Title _____

Title _____

Date: _____

Date: _____

OFFICE USE ONLY	DATE	BY	
Received			Fee Paid
Reviewed			Decision
Permit Issued			Permit No.
Inspected			Result