

CLARKSBURG FIRE DEPARTMENT

APPLICATION
Open Burning Permit

(Fill out after reading the City's Open Burning Ordinance)

1. Name: (Last) (First) (Middle)

2. Address: (Your personal mailing address)

3. Phone: (Your personal phone no.)

4. Place where open burning is to occur:

5. Type of open burning: [ ] Industrial/Business Use [ ] Home Use

6. If for industrial/business use, give mailing address and phone number of local business enterprise: (Mailing Address) (Phone No.)

7. If for industrial/business use, give your relationship to the local business enterprise:

8. If for home use, give your relationship to the home (owner, tenant, employee, etc.):

9. Give description of what is to be burned:

10. Do you know of anyone located near the site for open burning who suffers from respiratory health problems? [ ] Yes [ ] No If yes, give name and address: (Name) (Address)

I certify that I have read the city's open burning ordinance and further certify that the information listed on this application by me is true and accurate.

Date: Applicant's Signature Email to Fire Marshal jstalnaker@cityofclarksburgwv.com

NOTE No permit is valid unless the Clarksburg Fire Marshal or his authorized representative makes an inspection of the burning site and signs the permit with approval. Please call 627-2805 or 624-1665 to speak to the Fire Marshal or Fire Officer to make an appointment for an inspection at the site. The application must normally be present at the time of the inspection.