



# Cecil County Health Department

Environmental Health Services

401 Bow Street, Elkton, MD 21921

Phone: 410-996-5160 Fax: 410-996-5153

## APPLICATION FOR PERMIT TO BURN MATERIAL BY "OPEN FIRE"

1. Are you the property owner?  YES  NO
2. Is the burn site within any town limits? If so, town approval is required.  YES  NO
3. Is the burn site at least 200 feet from any neighboring dwelling, roadway, or place where people work or congregate?  YES  NO  
 \*\*If no, request a 200' Authorization Form for **every** neighbor within 200 feet.
4. Is the burn site within a subdivision?  YES  NO  
 a. If approvable, contact the HOA for their guidelines.
5. Can Health Dept. personnel safely access the site for an inspection?  YES  NO  
 a. Does Health Dept. personnel have permission to access the site?  YES  NO
6. Is access to the site restricted? If YES, please note below under **Special Instructions**.  YES  NO
7. Type of burn: \* 90 days  \$20.00  
 \* One Year  \$40.00  
 \* Recreational bonfire – 1 specified date **Date:** \_\_\_\_\_  \$0.00
8. Type(s) of material to be burned:  brush  dry leaves  other \_\_\_\_\_

=====

I have been advised of the permit requirements of Maryland Department of the Environment Regulation 26.11.07 and DNR Forestry Regulation 08.07.04 and agree to comply with all applicable sections. I agree that no nuisance will be created by this burn to any of the adjoining properties and that before any burn is conducted during the effective dates of this permit I will call the **Fire Control Center** and give them my name and permit number. Any violations of the above conditions will result in revocation of the permit.

**Property Owner Initials:** \_\_\_\_\_

=====

**Property Owner:** \_\_\_\_\_ **Property Owner's Signature:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

=====

**Applicant:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

=====

Address or location of burn site: \_\_\_\_\_

**Special Instructions:**  Gated  Animals  Call First/Make Appt.  Other: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Property Tax ID: _____
Date of Payment: _____	Receipt #: _____ Amount Paid: _____