



Plymouth Township
Fire Marshal's Office
700 Belvoir Rd.
Plymouth Meeting, PA 19462
610-277-4311
www.plymouthtownship.org

<h1 style="text-align: center;">Plymouth Township</h1> <h2 style="text-align: center;">Burn Permit</h2> <h3 style="text-align: center;">Application</h3>
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Please type or print clearly and legibly

I. Location	
Address:	Date:
City, State, Zip	

II. Owner	
Name:	Email:
Address:	Phone #:
City, State, Zip	

III. Acknowledgement	
I acknowledge that I understand and agree to the following:	
<input type="checkbox"/> Location of the device or pit is at least 15 feet from any structure, property line, and combustible materials.	
<input type="checkbox"/> Area under device or pit is non-flammable.	
<input type="checkbox"/> Fuel to be used shall be seasoned dry firewood, propane, or natural gas.	
<input type="checkbox"/> Fuel to be used shall not contain any materials normally disposed of in waste stream.	
<input type="checkbox"/> Shall not burn if a burn ban has been posted.	
<input type="checkbox"/> Shall not burn if sustained winds are 10 m.p.h. or greater; or gusts are 20 m.p.h. or greater.	
<input type="checkbox"/> Shall have a water source (hose, bucket of water, extinguisher) nearby, readily accessible, and immediately useable.	
<input type="checkbox"/> No children shall be in area of fire if not supervised by an adult.	
<input type="checkbox"/> Fire shall be not be left unattended at any time, until completely extinguished.	
<input type="checkbox"/> Device or pit shall not be used contradictory to any ordinance or code, or manufacturer's instructions.	
<input type="checkbox"/> A copy of the permit shall be readily accessible and shown to PD, FD, Fire Marshal or Deputy Fire Marshal, or any public safety official immediately upon request.	
<input type="checkbox"/> Upon any justified complaints of smoke or odors, the fire shall be extinguished.	
<input type="checkbox"/> Permit can be revoked by the Fire Marshal's Office without warning.	

I am certifying that the above information is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

===== DO NOT WRITE BELOW THIS LINE =====

To be completed by Fire Marshal's Office

IV. Received	
By:	Date:

V. Inspected	
By:	Date:

VI. Approved	
By:	Date: