



BURNING PERMIT APPLICATION

Environmental Health

www.wicomicohealth.org

410-546-4446

Application fee: \$150.00 ☐ Cash ☐ Credit/Debit ☐ Check #: _____ Receipt #: _____

Date: _____ Property ID#: _____

Owner (s): _____

Location of property: _____

Mailing address: _____

Phone (H): _____ (W): _____ (C): _____

Email address: _____ Subdivision: _____

Tax Map: _____ Parcel: _____ Section: _____ Block: _____ Lot: _____

Date of proposed burning: _____

Type of proposed burning (land clearing, structure, etc.): _____

Name of person responsible for burning: _____

Address of person responsible: _____

Distance from nearest structure: _____ Feet

Distance off street, road or highway: _____ Feet

Distance from any potential explosive substance:
(oil tanks, gas tanks, gas lines, etc.) _____ Feet

Explain: _____

No refunds will be granted once field work has begun or after 30 days from application date.

There will be a \$50.00 fee on all NSF checks.

Owners signature

Health Department use only

Comments: _____

Date

The _____ does hereby state they will
Name of Fire Dept.
supervise and control the burning exercise as permitted by the Wicomico County Health Department
on _____ further identified as Tax
Location/address of burning
Map _____, Parcel _____. The burning exercise will be used solely for the purpose
of fire department personnel training and burned in accordance with Maryland State Air Quality
Regulations.

Fire Chief signature

Fire Chief printed name