



Lake County General Health District

5966 Heisley Road Mentor, Ohio 44060 Painesville: (440) 350-2543 Cleveland: (440) 918-2543 Madison: (440) 428-4348 x2543

Fax: (440) 350-2548 www.lcghd.org

Ron H. Graham, MPH, Health Commissioner

RESIDENTIAL APPLICATION FOR PERMISSION TO CONDUCT OPEN BURNING

Date:		
Name:	:	
Mailin Addre		
City:	Zip:	
Email:	:	
Phone	::	
1.	What is the purpose of the open burning?	
2.	Describe the nature and quantities of materials to be burned:	
3.	What is the address of the burning site?	
	City, Twp, Village (circle). showing the location and distances to the nearest residence, roadway and str	
4.	Is the burning site located within a restricted area?	
	Restricted areas are: * Within the boundaries of any city or village. * Within city or village limits and a 1,000 foot zone outside any city or village havi population of 1,000 to 10,000. * Within city or village limits and a one mile zone outside any city or village with a population of more than 10,000.	
5.	Describe the method of burning to be employed, including burn pile size and will be used to ignite the fire.	I what fuels, if any,
6.	List the date(s) on which the burning will occur:	

I	, hereby
1.1	or permission to conduct open burning and I do verily believe that
	re, is true and complete. If authorized, said open burning will occur
•	re away from populated areas. I hereby certify that materials will
	priate) and otherwise prepared for burning in such a manner as to
	e combustion and least emission. I further certify that such open
_	pility hazard on roadways, railroad tracks or air fields and that such
•	a point on the premises most remote from residential or populated
areas.	
Signature	Date
This application for permission	on to conduct open burning is hereby:
Approved	Approved
	• •
Denied	Denied
Signature	Signature
9	C
Local Air Agency	Local Fire Chief
~	DECLAT MEDIACAND CONDIMIONS

SPECIAL TERMS AND CONDITIONS

Important Notice: Applications must be filed at least 10 days before the fire is to be set.

Please complete a new application each year and return to the Lake County General Health District at the letterhead address.