Revised May 2009

UPPER SAUCON TOWNSHIP
UPPER SAUCON VOLUNTEER FIRE COMPANY

DATE: _____

PROPERTY OWNER NAME: _____
ADDRESS: _____
PHONE NO. _____

APPLICANT NAME: _____
ADDRESS: _____
PHONE NO: _____

LOCATION OF BURN AREA:_____

_____

SIZE: LENGTH _____ WIDTH _____ HEIGHT _____

TYPE OF MATERIAL TO BE BURNED:_____
(NO CONSTRUCTION DEBRIS!!!)

DATE OF BURN: _____ ***(MUST BE TEN (10) DAYS OR MORE AFTER DATE OF APPLICATION)***

APPROXIMATE TIME OF BURN: daylight hours only / must end before sunset.

START _____ A.M. END _____P.M.

If approved, this permit is issued with the following conditions:

1. Fire extinguishing material - capable of controlling fire - must be present.
2. Fire must be attended at all times until said fire has been fully extinguished.
3. Do not burn with any type of wind.
4. Do not burn before sunrise or after sunset.
5. Do not burn on Sundays or holidays.
6. **Open burning cannot be less than 50 feet from any structure or wooded area.**
7. Open burning shall not be used for waste disposal purposes.
8. The owner assumes all liability for the above-mentioned fire.
9. All fire must be extinguished by sunset and not allowed to smolder.
10. This permit does not relieve the owner of liability incurred during or after the actual burn, nor does the Township of Upper Saucon assume any liability for the owner's actions as a result of issuance of this permit.
11. Before you begin burning, you MUST contact Lehigh County Non-Emergency number at (610) 437-5252 to advise them you are doing a controlled burn and provide them your address and phone number. When burning is finished, call Lehigh County a second time and advise the burning is completed.

I have read the foregoing conditions and understand them. No burning will commence until I have received a copy of this application bearing the AUTHORIZATION signature.

OWNER'S SIGNATURE: _____

FIRE CHIEF AUTHORIZATION: _____ DATE :_____