

Permit No. \_\_\_\_\_

Green Lane borough  
214 Main Street, P.O. Box 514  
Green Lane, Pa 18054  
Phone (215) 234-8633 Fax (215) 234-2933

**BURNING PERMIT APPLICATION**

**\*\*All Applicants must be submitted at least Fourteen (14) days prior to burn date\*\***

I, \_\_\_\_\_, hereby request approval to conduct burning

activities on my property located at:

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Purpose for Burning: \_\_\_\_\_

Nature and Quantity of Materials: \_\_\_\_\_

Date When Burning Activities Will Occur: \_\_\_\_\_

**(Note: A Separate application must be submitted for each requested burning date)**

Hours When Burning Activities Will Occur: \_\_\_\_\_

Location of Burning Site: \_\_\_\_\_

**Not To be Within Twenty Five Feet (25) Of any Structure or Building**

On-Site Fire-Extinguishing/Protective Equipment: \_\_\_\_\_

Name Of Person Attending Fire: \_\_\_\_\_

The Current Ordinance has been read and is Fully Understood. (See Attached Ordinance)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

**ALL RULES AND REGULATIONS SET FORTH IN GREEN LANE BOROUGH ORDINANCE NO. AS AMENDED, SHALL APPLY TO THIS PERMIT.**

\_\_\_\_\_  
BOROUGH USE ONLY:

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_