



Lake County General Health District

33 Mill Street
Painesville, Ohio 44077
Painesville: (440) 350-2543
Cleveland: (440) 918-2543
Madison: (440) 428-4348
x2543
Fax: (440) 350-2548
www.lcghd.org

Ron H. Graham, RD/RDN, LD, MPH, Health Commissioner

RESIDENTIAL APPLICATION FOR PERMISSION TO CONDUCT OPEN BURNING

Date: _____

Name: _____

Mailing
Address: _____

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). Please attach a map showing the location and distances to the nearest residence, roadway and structure.
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 having a 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 what fuels, if any, will be used to ignite the fire.
6. List the date(s) on which the burning will occur:

I _____, hereby make the above application for permission to conduct open burning and I do verily believe that the information set forth above, is true and complete. If authorized, said open burning will occur only when prevailing winds are away from populated areas. I hereby certify that materials will be dried and stacked (if appropriate) and otherwise prepared for burning in such a manner as to provide for the most complete combustion and least emission. I further certify that such open burning will not create a visibility hazard on roadways, railroad tracks or air fields and that such burning will be performed at a point on the premises most remote from residential or populated areas.

Signature _____ Date _____

This application for permission to conduct open burning is hereby:

Approved

Approved

Denied

Denied

Signature
Local Air Agency

Signature
Local Fire Chief

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.

THIS FORM CAN BE FOUND AT: <http://www.lcghd.org/fileuploads/openburningresidentialapplication.pdf>