



**WARWICK TOWNSHIP**

Dept. of Planning & Zoning  
 1733 Township Greene, Jamison, PA 18929  
 Phone: (215) 343-6100  
[www.warwick-bucks.org](http://www.warwick-bucks.org)

For Warwick Township Use Only

Check #:  
 Check Amount:  
 Received by:

**BURN PERMIT APPLICATION**

Permit #: \_\_\_\_\_

Site Address/Location:		Primary Contact Person (check)
_____		
Property Owner	Name	<input type="checkbox"/>
	Address	
	Phone	
Applicant	Name	<input type="checkbox"/>
	Address	
	Phone	

Reason for burn (ex. open burning, bonfire, recreational fire, etc.): \_\_\_\_\_

Material to be burned: \_\_\_\_\_

Date(s) & Duration of burn: \_\_\_\_\_ Extinguishing device to be used: \_\_\_\_\_

**A plan shall be provided on a separate sheet of paper (or on the back of this page) showing where on the property the burn will occur (plot plan), distances from combustible materials in feet (structures, trees, stockpiles, etc.) and size of burn area (length, width & height). Additional information may be requested upon review.**

With this application you acknowledge the following information:

- Burning is prohibited when atmospheric or local conditions make fires hazardous. Be aware of burn bans!
- Burning shall be constantly attended until the fire is extinguished.
- An appropriate extinguishing device shall be available for immediate use.
- Burning shall not become a nuisance for adjacent properties, including but not limited to smoke & ash.
- Only the material listed above is permitted to be burned. Rubbish and garbage shall not be burned.
- Accelerants shall not be used to start a fire (i.e. gasoline, lighter fluid, etc.)
- Location of the burn shall not vary from the approved location as identified in this application.

By signing below, the applicant hereby certifies that they are the responsible party and are agreeable to the regulations above. The applicant also gives Warwick Township permission to access the property for inspections and agrees to adhere to all applicable Ordinances and Regulations of Warwick Township as well as any other applicable state and/or federal regulations.

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## To be filled in by Township Staff

*Permit Submission Checklist*

Permit Deposit. Amount: \$ \_\_\_\_\_

Yes  No

2 copies of plot plan showing:

Yes  No

a. fire marshal requirements

Yes  No

Is the application signed?

Yes  No

TMP #:

51— \_\_\_\_\_ — \_\_\_\_\_

Reviewers	Signature	Date	Status	
Zoning Officer			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Code Enforcement			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Reason for denial: \_\_\_\_\_

Fees

Fire: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Fee charged: \$ \_\_\_\_\_