

## West Caln Township PO Box 175 Wagontown, PA 19376 610.384.5643

## **REQUEST FOR BURNING PERMIT**

Name:		-
Mailing Address:		-
Phone:		-
Physical address wher	re burning will take place (if different):	
Call <i>or</i> Ma	ail When Permit is Ready (choose one)	
	s to be burned:	
Name(s) of responsibl	le person(s) attending fire:	
Type of extinguishing	equipment available on site:	
	are good for the current calendar year and expire There is no fee. Marshall has five (5) business days to process Burr	
Signature:	Date:	