

**WEST CALN TOWNSHIP**  
**BOARD OF SUPERVISORS**  
**CHESTER COUNTY**



**721 West Kings Highway**  
**P.O. Box 175**  
**Wagontown, Pa. 19376**

**Phone: 610 384-5643**  
**Fax: 610 384-9035**

**FIRE MARSHAL DIVISION**  
**REQUEST FOR BURNING PERMIT**

PLEASE PRINT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

1. TYPE OF BURNING TO BE DONE:

\_\_\_\_\_

2. NAME OF RESPONSIBLE PERSON ATTENDING FIRE:

\_\_\_\_\_

3. WHAT TYPE OF EXTINGUISHING EQUIPMENT IS AVAILABLE ON SITE?

\_\_\_\_\_

4. WHAT IS THE BEST TIME TO INSPECT THE AREA AND ISSUE PERMIT?

\_\_\_\_\_