

OPEN BURN PERMIT

Town of Gordonsville

Name: _____ Company: _____

Address: _____ Telephone No.: _____

Type of Material: _____ Location: _____

Date(s) Requested: _____ Time(s) of Burn: _____

Purpose of Burn: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

APPROVAL: _____ DATE: _____

SPECIAL PROVISIONS:

____ Verbal Request ____ After Sunset ____ Fire Dept. in Attendance ____ Hazardous Materials/Location

PERMIT REVOCATION:

Reason: _____ Signature: _____ Date: _____