



**Biglerville Borough Council**

**33 Musselman Avenue**

**Biglerville, PA 17307**

**PH: 717-677-9488 / FAX: 717-677-4027**

**Email: office@biglerville.us / [www.biglerville.us](http://www.biglerville.us)**

## **OUTDOOR BURNING APPLICATION**

**NO FIRES ON MONDAY OR SUNDAY**

Location where the fire is to be built: \_\_\_\_\_

Date the fire will be built: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Name of Person supervising the fire: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

I hereby notify the Borough of Biglerville that I intend to build an unconfined outdoor fire and request permission to do so at the above named property within the boundaries of the Borough of Biglerville. I understand that the Borough Burning Ordinance does not allow this fire if it would create excessive smoke, dirt, grit, flying debris, offensive odor, or is too close to buildings, other combustible materials, or vegetation. The inadequate safety precautions present a potential health or safety hazard. I also understand that no fire may be permitted or allowed to smolder or burn between sunset and sunrise on any day of the week and no fire may be permitted to burn from sunset on Saturday to sunrise on Tuesday. I hereby certify that the unconfined outdoor fire herewith applied for by me will be in compliance with the foregoing conditions.

I further understand that by burning such fire I agree to in no way hold the Borough of Biglerville responsible for any damage resulting from this fire or adverse weather conditions present at that time. I also assume responsibility for any damage caused to third parties as a result of this fire burning, and I hereby agree to hold the Borough of Biglerville harmless from any such claim by me or third party.

I understand that it is my responsibility to contact Adams County Control at (717) 334-8101 to advise them that I will be conducting an unconfined outdoor burning with the location and time and when the fire will be extinguished.

Applicant Signature: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

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

Fire Chief/ Asst. Fire Chief:  Approved  Denied Signature: \_\_\_\_\_

Biglerville Police Chief:  Approved  Denied Signature: \_\_\_\_\_