VILLAGE OF CROOKSVILLE

98 South Buckeye Street
Crooksville, Ohio 43731
Phone: (740) 982-2656

BURNING PERMIT

I _____, having read the rules, do hereby request a burning
NAME OF APPLICAT

permit for the purpose of _____.
PURPOSE OF THE REQUESTED FIRE

The fire will be burnt on _____, at _____ and it will be
DATE TIME

located at:

_____

_____

_____

I agree to abide by all of the rules listed on the reverse side of this permit, and I understand that I will be liable for any damages resulting from the fire or for any fines imposed for violating the rules as set forth.

_____ _____
NAME OF PROPERTY OWNER DATE

_____
PERMIT ISSUED BY

_____
INSPECTED AND APPROVED BY