

OPEN FIRE PERMIT APPLICATION

Prince George's County Health Department
 Division of Environmental Health
 Environmental Engineering Program
 Largo Government Center | 9201 Basil Court, Suite 318
 Largo, Maryland 20774
 Office 301-883-7681 | Fax 301-883-7266 | TTY/STS Dial 711

INSTRUCTIONS	<ul style="list-style-type: none"> Please print clearly or type Complete the information below, attached the permit fee in the form of a check or money order payable to: Prince George's County Health Department, and mail to the above address. The permit fee is non-refundable. Open Fire Permit Fees are: <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;">Agricultural</td> <td style="padding-right: 20px;">\$25.00</td> <td style="padding-right: 20px;">Recreational</td> <td style="padding-right: 20px;">\$25.00</td> </tr> <tr> <td style="padding-right: 20px;">Fire Training</td> <td style="padding-right: 20px;">No Charge</td> <td style="padding-right: 20px;">Duplicate Permit</td> <td style="padding-right: 20px;">\$15.00</td> </tr> </table> Cash, checks and money orders will not be accepted in the field by Health Department personnel. Payments can be made at the Health Department office above weekdays from 7:30 a.m. to 3:30 p.m. 			Agricultural	\$25.00	Recreational	\$25.00	Fire Training	No Charge	Duplicate Permit	\$15.00
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APPLICANT/OPEN FIRE INFORMATION	Applicant Name		Phone Number								
	Name of Company/Institution <i>(If applicable)</i>										
	Company Address <i>(Number, Street)</i>		Apt. No.								
	City	State	Zip Code								
	Address of Burn Location		Tax Account Number								
	Description of materials to be burned										
	Proposed burning dates	Rain date/s, if needed									
	Workers Compensation Insurance Company		Policy Number								
	<input type="checkbox"/> I have Workers Compensation Waiver/Exemption* <input type="checkbox"/> I am Self-Insured* * Attach a copy of the appropriate Certificate of Waiver, Exemption or Insurance										
	<ul style="list-style-type: none"> I have carefully examined and read the above application and know the same to be true and correct. I hereby state that I will comply with all applicable provisions of the <i>Prince George's County Code, Subtitle 19, and the Code of Maryland Regulations Governing the Control of Air Pollution (COMAR 26.11.07).</i> 										
	_____ <i>Applicant Signature</i>		_____ <i>Date</i>								

FOR OFFICE USE ONLY

Receipt No.	Date	Amount	Received by:
Effective Date	Expiration Date	Renewal Date	Final Expiration
Approved/Denied	Date	Sanitarian	Permit No.