

CLYDE TOWNSHIP
APPLICATION / BURNING PERMIT ORDINANCE
(THIS PERMIT MAY BE REVOKED AT ANY TIME)

Date _____, 20____

PERMISSION is hereby granted to _____
NAME

ADDRESS TELEPHONE #

This application is in effect from January 1, _____ through December 31, _____, and is renewable each and every January. (1st permit must be obtained in person)

Property: _____
STREET ADDRESS OR LOCATION OF PROPERTY WHERE BURNING IS TO BE DONE

SIGNATURE OF PERMIT APPLICANT

ISSUED BY AUTHORIZED REPRESENTATIVE

I HAVE READ ATTACHED BURNING PERMIT ORDINANCE AND UNDERSTAND THIS APPLICATION.

Date:	_____	# of Days to Burn	_____	Office Staff initials	_____
	_____		_____		_____
	_____		_____		_____

PLEASE CALL
CLYDE TOWNSHIP OFFICE @ 985-7258
BEFORE 3:45 P.M. DURING BUSINESS HOURS
OR A PERMIT WILL NOT BE ISSUED.