



# BURN PERMIT

105 Government Center Way  
Pocono Pines, PA 18350  
Phone: 570-646-1212  
Fax: 570-646-9025  
www.tobyhannatownshippa.gov

Applicant/Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tax Map ID No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Date of Burn: \_\_\_\_\_

Materials to be burned: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### NO BURNING OF CONSTRUCTION OR DEMOLITION DEBRIS

- Burning is allowed without a permit on weekdays from 4pm-9pm and Saturdays — all other times require a burning permit
- Permit is valid for only the date of the burn
- Upon conviction of any violation of Chapter 68, the Violator shall also pay firefighting costs
- Pocono Mountain Regional Police will be notified of the approved permit
- Fire Stations 33 & 44 will be notified of the approved permit

By signing this Application, I certify that all facts set forth within this Application and all accompanying documentation are true and correct. This Application is being made by me to induce official action on the part of Tobyhanna Township, and I understand that any false statements made herein are subject to the penalties of 18Pa C.S. 4904 relating to unsworn falsification to authorities.

Signature of Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Received: _____	Cash/Check No.: _____	Amount Paid: \$ _____
Approved: _____	Denied: _____	Reason for Denial: _____
Permit No.: _____	Township Secretary: _____	Date: _____
Conditions/Comments: _____		