

**MARSHALL TOWNSHIP
Office of Fire Marshal**

**Open Burning Permit
(Recreational Fires Only)**

Date of application _____

Applicant/Company Name _____

Representative Name _____ Phone _____

Mailing Address _____ Zip Code _____

Purpose of Burning _____

Site Location and Description _____

Description of Material to be Burned _____

Dates of Burning _____

Times of Burning _____ am/pm until _____ am/pm

Applicant assumes all responsibility for liability and burning must be in accordance with the Allegheny County Health Department Bureau of Air Pollution Control Regulation 516, Article XX and the BOCA National Fire Prevention Codes.

Signature _____

TOWNSHIP USE ONLY

() Permit Approved

() Permit Not Approved

Permit # _____

Authorized Signature _____ Date _____