



Appendix "B"

Township of Chatsworth Application for a
Permit to Conduct Open Air Burning

Please Print

Date :	Date of Proposed Burn:	Received By:
Address of Proposed Burn:		Property Owner(s): Phone #: Cell#: E-mail:
Name and Address of Applicant and/or person supervising the burn: Phone #: Cell #: E-mail:		
Description of Burn:		Describe and Provide Fire Control Measures:

I have read the requirements for Open Air Burning as stated in the Township of Chatsworth By-law #2016-07 and fully understand these are conditions I shall comply with to have approval for Open Air Burning, Burn Barrel or Campfire.

Signature: _____

Date: _____

Please send completed forms to firedept@chatsworth.ca