

Wicomico County Health Department
Environmental Health Division
410-546-4446

Fee: \$100.00
Receipt: _____
San: _____
Date: _____

Burning Permit Application

Name of Property Owner: _____ Phone: W _____

Street Address: _____ Phone: H _____

City: _____ State _____ Zip _____

Exact Location of Burning Site: _____

Tax Map _____ Parcel _____ Date of Proposed Burning _____

Type of Proposed Burning (Land Clearing, Structure, etc.) _____

Distance From Nearest Structure: _____ Feet

Distance Off Street, Road or Highway _____ Feet

Distance From Any Potential Explosive Substance _____ Feet

(Oil Tanks, Gas Tanks, Gas Lines, etc.)

Explain: _____

Name of Person Responsible For Burning: _____

Address: _____

Phone: W _____ H _____ City _____ State _____ Zip _____

Health Department Use Only

Comments: _____