FOR OFFICE USE ONLY

APPROVAL DATE _____ **ISSUED BY**_____

DENIED DATE _____ **DENIED BY** _____

CHADDS FORD TOWNSHIP
FIRE MARSHAL PERMIT APPLICATION

10 Ring Road, Chadds Ford, PA 19317 Phone: (610) 388-8800
Fax: (610) 388-5057 E-mail: info@chaddsfordpa.gov

PERMIT APPLICATION MUST BE RECEIVED (10) BUSINESS DAYS IN ADVANCE OF EVENT

Applicant: _____ Mobile Phone: _____

Mailing Address: _____

_____E-Mail: _____

Property Location (if Different): _____

_____

Location of Burn or Event on Property (back yard, front yard, etc.):

_____

_____

Emergency Contact: _____Mobile Phone:_____

Address:_____

_____E-Mail: _____

Event Details

_____

_____

_____

_____

Type of Burn/ Event	
☐ Bonfire(s)	☐ Fireworks
☐ Brush Fire	☐ Special Event (Specify Below)
☐ Open Fire	☐ Other (Specify below)

_____ _____

Fire Marshal Date