



# Lake County General Health District

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*Ron H. Graham, RD/RDN, LD, MPH, Health Commissioner*

## RESIDENTIAL APPLICATION FOR PERMISSION TO CONDUCT OPEN BURNING

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1. What is the purpose of the open burning?
2. Describe the nature and quantities of materials to be burned:
3. What is the address of the burning site? \_\_\_\_\_  
\_\_\_\_\_ City, Twp, Village (circle). Please attach a  
map showing the location and distances to the nearest residence, roadway and structure.
4. Is the burning site located within a restricted area?  
Restricted areas are:
  - \* Within the boundaries of any city or village.
  - \* Within city or village limits and a 1,000 foot zone outside any city or village  
having a population of 1,000 to 10,000.
  - \* Within city or village limits and a one mile zone outside any city or village with a  
population of more than 10,000.
5. Describe the method of burning to be employed, including burn pile size and what fuels, if  
any, will be used to ignite the fire.
6. List the date(s) on which the burning will occur: