

# Chesterfield Fire and EMS

## Fire and Life Safety Division - Fire Marshal's Office

P.O. Box 40 Chesterfield, VA 23832 Phone (804) 748-1426 Fax (804) 768-8766



### PERMISSION TO BURN FROM NEIGHBORS

**Use this form for your neighbor to sign only if they are within 300' or 500' of your burn site (depending on type of burn) Use back of page if you need more room**

I, \_\_\_\_\_, am applying for a burn permit from the  
Applicants Name

Chesterfield Fire and EMS, Fire and Life Safety Division, 748-1426, to burn:  
(applicant check one)

Land-clearing/property maintenance  
(500 feet)

Tree/garden trimmings  
(300 feet)

The ordinance, which regulates open burning in Chesterfield County, prohibits burning within 500 feet (for land clearing/property maintenance) and 300 feet (for tree/garden trimmings) of any occupied building, **unless** the occupants have given prior written permission to do so.

To satisfy this requirement, I request your permission to conduct a control burn at \_\_\_\_\_

\_\_\_\_\_  
Applicants Address

The control burning will be attended at all times and equipment will be on site to control and/or extinguish the fire should it become necessary.

### THIS SECTION TO BE COMPLETED BY ALL NEIGHBORS WITHIN 300'/500'

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_\_ **GRANTED**: \_\_\_\_\_ Permission granted with following conditions:

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_\_ **GRANTED**: \_\_\_\_\_ Permission granted with following conditions:

(continued on other side)

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_ **GRANTED**: \_\_\_\_ Permission granted with following conditions:

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_ **GRANTED**: \_\_\_\_ Permission granted with following conditions:

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_ **GRANTED**: \_\_\_\_ Permission granted with following conditions:

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_ **GRANTED**: \_\_\_\_ Permission granted with following conditions:

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permission **DENIED**: \_\_\_\_ **GRANTED**: \_\_\_\_ Permission granted with following conditions: