

**CLYDE TOWNSHIP
APPLICATION / BURNING PERMIT ORDINANCE
(THIS PERMIT MAY BE REVOKED AT ANY TIME)**

Date _____, 20____

PERMISSION is hereby granted to: _____
NAME

ADDRESS TELEPHONE #

This application is in effect from January 1, _____ through December 31, _____ and is renewable each and every January.

EACH CALENDAR YEAR, A BURNING PERMIT MUST BE SIGNED AND COMPLETED.

Property: _____
STREET ADDRESS OR LOCATION OF PROPERTY WHERE BURNING IS TO BE DONE

SIGNATURE OF PERMIT APPLICANT

ISSUED BY AUTHORIZED REPRESENTATIVE

I HAVE READ ATTACHED BURNING PERMIT ORDINANCE AND UNDERSTAND THIS APPLICATION.

**PLEASE CALL
CLYDE TOWNSHIP OFFICE @ 985-7258
BEFORE 3:45 P.M. DURING BUSINESS HOURS
OR A PERMIT WILL NOT BE ISSUED.**