



St. Mary's County Health Department

William B. Icenhower, M.D., M.P.H
Health Officer

Administration & Vital Records	301-475-4330
Community Health Services	301-475-4330
Resource Coordination	301-475-4389
Environmental Health	301-475-4321
Environmental Health Fax	301-475-4373
Medical Assistance Transportation	301-475-4296
State Health Department (Toll Free)	877-4MD-DHMH
Maryland Relay Service	1-800-735-2258

Application for Open Burning Permit

(\$21 non-refundable application fee)

Instructions: Please print or type the requested information. Please forward the completed application with a site plan showing the property and proposed burning area(s) to the St. Mary's Health Department Office of Environmental Health for review.

Applicant Information

Applicant Name _____

Applicant Mailing Address _____

Applicant Phone day (____)____-____ evening (____)____-____ mobile/pager (____)____-____

On-site attendant Name (Last, First) _____

On-site attendant Phone day(____)____-____ evening(____)____-____ mobile/pager(____)____-____

Property Owner Information (if different from applicant)

Property Owner Name (Last, First) _____

Property Owner Mailing Address _____

Property Owner Phone day(____)____-____ evening(____)____-____ mobile/pager(____)____-____

Property Information

911 (Five digit) Street Address _____

Subdivision Name _____ Lot _____ Section _____

Directions to property from St. Mary's Health Department _____

Burning Activity Detail Question

1. Is the burning associated with land clearing for a building or other land development? _____
2. Is there an active Land Use & Growth Management permit for this property? _____ If yes, please provide the Land Use & Growth Management permit number: _____
3. What materials will be burned? _____
4. What is the source of the materials? _____
5. If a structure is burned, what is the date the structure was built? _____
6. Have you considered alternate methods to dispose of these materials? _____ Are these other methods practical? _____ Why are these other methods practical/not practical? _____
7. What is the distance from the burning area to the nearest habitable building? _____
8. What is the distance from the burning area to the nearest public road? _____
9. Is this property located in the Lexington Park or Leonardtown development district? _____
10. How much material do you plan to burn (LengthxWidthxHeight of pile(s))? _____
11. How many hours/days do you plan to burn? _____
12. I understand a burning permit may be required from the Maryland Forestry Service and will contact that office at 301-880-2749 to verify that requirement. Sign initials here _____

Property Owner or Applicant Certification

I certify that I am an owner of this property or have permission from an owner of this property to conduct the requested open burning activity on the referenced property. I further certify that I am authorized to consent to this activity on behalf of all owners of this property. This certification authorizes entry to the property for permit review and response to inquiries.

Name _____ Signature _____ Date _____

For Health Department Review Only

Date received _____	Permit review number _____
Reviewing sanitarian _____	Date of permit review _____
Burning type _____ Residential _____	Land development/Permit related _____
Tax Map _____ Block _____ Parcel _____	Development District _____ Related SMHD File No. _____
Preliminary decision _____ Approve _____ Deny _____ Pending _____	Comments _____
Special conditions: _____	
LUGM referral faxed date _____ Faxed by _____	

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