



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 for Instruction of Fire Fighters

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.

Volunteer Fire Department (VFD) Information

VFD District _____

VFD Mailing Address _____

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

VFD Contact Name (Last, First) _____

VFD Contact day (____)____-____ evening (____)____-____ mobile/pager(____)____-____

Volunteer Fire Department Certification

I certify that the requested open burning activity is necessary for the instruction of official St. Mary's County fire fighters. I further certify that the property owner consents to this training activity. All reasonable means will be employed to minimize smoke.

Name of VFD chief or designee _____

Title of VFD chief designee _____

Signature of VFD chief or designee _____ Date _____

Property Owner Information

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 _____

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

Burning Activity Information

1. Distance from proposed burning site to nearest habitable structure _____

2. Distance from proposed burning site to nearest public road _____

3. A. Proposed burning activity _____

B. If structure, date built _____

Property Owner Certification

I certify that the _____ Volunteer Fire Department has my permission to conduct the requested training activity for the instruction of fire fighters 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 _____

Tax Map _____ Block _____ Parcel _____ Development District _____ Related SMHD File No. _____

Preliminary decision _____ Approve _____ Deny _____ Pending

Comments _____

Special conditions: _____

LUGM referral faxed date _____ Faxed by _____