



**Heidelberg Township**  
 Lehigh County, Pennsylvania  
 6272 Route 309 Suite A New Tripoli, PA 18066  
 Phone 610-767-9297 Fax 484-265-0097  
 HeidelbergLehigh.org

**Open Burning Permit Application**

**Filing Fee:** \$56.00

**Permit Fee:** \$50.00

Ordinance 7-205. Applicant agrees that the following work will be done as described in accordance with plans and specifications submitted, and in compliance with all provisions of the zoning ordinance, all deed restrictions, and all other applicable ordinances of Heidelberg Township.

**Location Information** Please fill in all applicable information. Date of Burn: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of waste to be burnt: \_\_\_\_\_

- Attach a plan showing the location of the clearing project.
- Attach a plan showing the size, including dimensions and square footage of the area to be cleared.

Duration of the burning: \_\_\_\_\_

Method of residue disposal: \_\_\_\_\_

**Record Owner Information**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

By my signature below, the responsible party named below will be totally responsible for any actions taken under this permit.

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

**Applicant Information**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Responsible Party Information**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Township Use Only**

Zoning District: \_\_\_\_\_ Tax Map #: \_\_\_\_\_  
 Reviewed by Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Filing Fee \$56.00  Permit Fee \$50.00  Permit # \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  
 Paid: \_\_\_\_\_