

TOWNSHIP OF LAURENTIAN VALLEY

Property Owner's Permission to Burn

Property Owner's Information		
Owner's Full Name:		
Owner's Address:		
Postal Code:		
Phone Number:		
Applicant's Information		
Applicant/Tenant Full Name:	• •	
Applicant Address and Unit #:		
Postal Code:		
Phone Number:		
Declaration		
l,		, am the owner of the property
located at		, Township of Laurentian
Valley, Ontario. I currently lease, rent or otherwise allow the use of this property by		
I am aware that he/she has requested a:		
☐ Recreational Burning Permit, or		
☐ Open Air Burning Permit		
	erty. By signing this form, I	grant my permission for this activity to occur, once tment.
I HAVE READ AND UNDERSTOO	D THE ABOVE,	
Owner's Name (Please Print)	 Signature	Date (MM/DD/YYYY)

This form must be submitted before your burn permit can be approved.

SUBMIT in person at 460 Witt Road, Pembroke.

QUESTIONS? Call the Township of Laurentian Valley at 613-735-6291