

WASHINGTON COUNTY ENGINEERING AND DEVELOPMENT SERVICES Environmental Health Division

3650 Hwy 36 N, Brenham, Texas 77833

Office Use Only
Permit #PB
Fee Paid \$
Date
Receipt #

PRESCRIBED BURN PERMIT APPLICATION

- Prescribed burn permits are required only when a Burn Ban is in effect.
- The proposed burning may not begin until AFTER authorization has been issued.
- A physical address number for the subject property is required before a permit will be issued.
- This application expires one year from the date of application if authorization has not been issued.

To avoid delay, the burn plan, a map, directions, and any other relevant information should be attached to this application.

WARNING:

Procedures used by Washington County in permitting prescribed burns are considered reasonable for regulatory purposes. On occasion fire damage may occur and fire damage may be increased by man-made or natural causes. It shall be the responsibility of the permittee to strictly comply with the terms of the burn plan, permit, and all applicable laws. Conducting burning in compliance with an approved burn plan does not exempt the responsible party from the consequences, damages, or injuries resulting from the burn. Washington County, its officers, agents, and employees assume no liability or responsibility for any activity by the permitee.

Property Owner's Name					
Address of Burn Location					
Mailing Address					
Phone	(Can we text this number?)	🗌 Yes	🗌 No		
Email		_			
Burn Plan Prepared By	Organiz	Organization			
Mailing Address					
Phone	(Can we text this number?)	🗌 Yes	🗌 No		
Email		-			
	ed with this application must be conducted fied to act as such by the organization that				
Burn Boss/Manager	Organiza	Organization			
Mailing Address					
Phone	(Can we text this number?)	🗌 Yes	🗌 No		
Email		_			



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• The landowner or lessee of the prescribed burn property must demonstrate financial responsibility by submitting proof of liability insurance covering prescribed burning in an amount of not less than \$500,000.

Insurance Agent	Company		
Mailing Address			
Phone	(Can we text this number?)	🗌 Yes 🗌 No	
Email		-	
Burn Plan Reviewed By	Organi	zation	
Mailing Address			
Phone	(Can we text this number?)	Yes No	
Email		-	
I have reviewed the burn plan associated with criteria necessary to safely conduct a prescri		o the best of my knowledge it meets	the
(Signature of Reviewer)		(Date)	
GPS Coordinates of Burn Location (Lat)	(Long)	Gate Code	
Directions to Burn Location (Attach additiona	I page if necessary)		

I certify that the information given by me with this application is true and accurate to the best of my knowledge. I authorize Washington County Environmental Health employees, their agents and designees, to enter upon the subject property for purposes associated with this application, which may include site evaluation, inspection, traditional photos, and photos taken by drone.

(Signature of Landowner)

(Date)