



*Townshio of Armstrong*  
35 10th Street  
Earlton, ON  
P0J 1E0  
705-563-2375, Fax 705-563-2093  
*fire@armstrong.ca*

## **Landlord Permission to Burn Statement**

### Property Owner

Owner's Full Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Applicant

Applicant/Tenant Full Name: \_\_\_\_\_

Applicant Address and Unit #: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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I \_\_\_\_\_, am the owner of the property located at  
(PROPERTY OWNER)

\_\_\_\_\_, Earlton, Ontario and I currently lease or  
(TENANT ADDRESS)

rent and allow the use of this property by \_\_\_\_\_.

I am aware that he/she has made an application for a Fire Permit to conduct open air burning on my property and by signing this form, I grant my permission for this activity to occur once approved by the Fire Chief.

\_\_\_\_\_  
Owner Name (please print)

\_\_\_\_\_  
Signature

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