Form 180
02/14/2008

VIRGINIA DEPARTMENT OF FORESTRY
APPLICATION FOR EXEMPTION TO THE 4PM BURNING LAW §10.1-1142B

Applicant Name: _____

Organization: _____

Mailing Address: _____

_____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

County of Proposed Burn: _____

Purpose of Proposed Burn (please be brief but specific as to the target species and type of burn):

_____

_____

_____

Reason for Exemption Request (briefly explain why the burn needs to be accomplished during exemption period):

_____

_____

_____

Virginia Certified Prescribed Burn Manager Name: _____ Cert. Number: _____

Applicant must attach a copy of the Burn Plan to include the Smoke Management Plan and Location Map. The Burn Plan must be specific for the area to be burned under this application. This application will be reviewed and evaluated for approval. A copy of the processed application will be returned via US mail or fax.

If approved, this exemption is only good for the Certified Prescribed Burn Manager identified on this application and is only valid through the last day of February following the date the exemption is approved. On the day of the prescribed burn, I agree to call the Regional Office of the Virginia Department of Forestry prior to the start of the burn.

I agree to the conditions under which this application is approved and agree that no alteration will be made to the proposed plan once approved for exemption. I understand that I am responsible for the burn, liable to laws pertaining to escaped fires and all parts of §10.1-1105 of the *Code of Virginia*.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE

Attach a copy of the Burn Plan including Smoke Management Plan and Location Map.

Applications must be received prior to February 1.

Send application to: State Forester, Virginia Department of Forestry, 900 Natural Resources Drive, Suite 800, Charlottesville, Virginia 22903

Department of Forestry Use Only – Application Review and Evaluation

Date Application Received: _____ Attached: ☐ Burn Plan ☐ Smoke Management Plan ☐ Location Map

☐ Approved Exemption No.: _____ ☐ Check Here if You Provided Attachments Electronically

☐ Denied Comments: _____

Reviewed By:

NAME (print)	SIGNATURE	DATE