TOWN OF PLATTSBURGH
CODE ENFORCEMENT OFFICIAL/FIRE MARSHALL'S OFFICE
151 BANKER ROAD
PLATTSBURGH, NY 12901

TELEPHONE: (518) 562-6840
FAX: (518) 563-8396

Name of Applicant _____ Phone:_____

Owner of Property_____

Address Where Burning Will Occur_____

_____

Fire Department/District_____

Requested Start Time/Date_____ End Time/Date_____

Type and Amount of Material to be Burned_____

Emergency Method for Extinguishing Fire (describe)_____

Include a diagram of location on the property where burning will take place.

I hereby certify all information above to be true and that I have read understand and agree to abide by the regulations prescribed in the Town of Plattsburgh Zoning Ordinance and Local Law.

_____ _____ _____
Applicant Signature Date Print Applicant Name

Fire Chief Recommended Action: Approval Disapproval (circle one)

Fire Chief Signature _____ Date _____

Remarks_____

_____

Fire Marshall Action: Approved Disapproved – Reasons_____

Expiration Date _____ Code Enforcement Official/Fire Marshall_____

Permit Number _____ Additional Conditions_____

_____

_____

CONTACT FIRE CONTROL AT 561-3370 BEFORE YOU START BURNING AND AFTER.