

**Town of Champlain
Code Enforcement Official
729 Route 9
Champlain, N.Y. 12919
Telephone: (518) 298-8160
Fax: (518) 298-8896**

Name of Applicant: _____ Phone: _____

Owner of Property: _____

Address Where Open Burning Will Occur: _____

Fire Department/District: _____

Requested Start 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, understood and agreed to abide by the regulations prescribed in the Town of Champlain Zoning Ordinance and Local Law.

Applicant Signatures Date Print Applicant Name

Code Enforcement Officer Recommended Action: Approval Disapproval (Circle One)

Code Enforcement Officer Signature: _____ Date: _____

OPEN BURN PERMIT

Expiration Date : _____ **Code Enforcement Official :** _____

Permit Number : _____ **Additional Conditions :** _____

*** Must Contact Clinton County Fire Control at 561-3370 Before You Start Burning and After.**