

**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.