



## Application for Restricted Burning Permit

--	--

Name & Address of Applicant	Applications Phone #.	Location on property where fire will be
Person signing Application <input type="checkbox"/> Employee of Applicant <input type="checkbox"/> Applicant	Contact Phone #.	Type and amount of material to be burned.
Name	Method of starting fire (See conditions)	
Title		
Person supervising burning if different from above.		Reasons necessitating burning of material
Type of restricted burning proposed  <input type="checkbox"/> 1. Residential on-site <input type="checkbox"/> 2. Land cleaning <input type="checkbox"/> 3. Agricultural (fire town, or town in fire district) <input type="checkbox"/> 4. Designated burning area serving a county, city, town or village. <input type="checkbox"/> 5. Designated site for burning of toxic, explosive or dangerous materials <input type="checkbox"/> 6. Other (Describe)		Amount of time required for restricted open burning and expected completion date (30 day maximum)  Emergency method for extinguishing fire (describe)
PLEASE SIGN AFTER READING ALL CONDITIONS: PLEASE CALL THE FIRE CONTROL NON EMERGENCY PHONE NUMBER THE DAY OF THE BURN— <b>315- 435-8881</b>		
Permit for Restricted Burning (Issued Pursuant to NYCRR191,215 and DEC Conservation Law) <i>Please Note per NYSDEC --- ANNUAL BURN BAN in Effect from March 15<sup>th</sup> through May 15<sup>th</sup></i>		
Applicant Signature:		
Recommended Action Approved <input type="checkbox"/> Disapproved. <input type="checkbox"/>	Burning dates permitted	
Date Issued	Signature of C.E.O.	