

**TOWN OF CHAMPLAIN
PO BOX 3144
10729 STATE RTE 9
CHAMPLAIN, NY 12919
MJT@PRIMELINK1.NET
518-298-8160**

BURN PERMIT

NAME: _____

Phone: _____

ADDRESS WHERE BURN WILL OCCUR : _____

DATE OF BURN: _____

I HEREBY CERTIFY ALL INFORMATION ABOVE TO BE TRUE AND I UNDERSTAND
AND AGREE TO ABIDE BY THE REGULATIONS PRESCRIBED IN THE TOWN OF
CHAMPLAIN CODE AND LOCAL LAW.

APPLICANT SIGNATURE: _____

CODE OFFICER : _____

EXPIRATION DATE : _____

CONTACT FIRE CONTROL PRIOR TO BURNING AT 518-561-3370

FIRE MUST BE ATTENDED AT ALL TIME