

Town of Clifton Park
Saratoga County, New York
518-371-6702 Fax 383-2668

**APPLICATION FOR
BURNING PERMIT**

Date _____

SBL # _____

APPLICATION IS HEREBY MADE to the Department of Building and Development for the issuance of a permit pursuant to the Code of the Town of Clifton Park for the open burning as herein described. The Applicant agrees to comply with all applicable laws, ordinances, or regulations governing open burning activities in the Town of Clifton Park and will also allow all inspectors to enter the premises for inspections.

Applicant's Name _____

Address _____

Zip _____

Phone _____ OR _____

Location of Burning Activity _____

Type of Material to Burn _____

Fire District _____

Owner's Name _____

Address _____

Zip _____

Phone _____ OR _____

Agricultural Exemption Yes No

OR

Size of Parcel _____ Acres

Zoning _____

Signature of Owner, Applicant or Agent

To be completed by agency:

TOTAL FEE DUE:

_____ **Check #**

_____ **Amount Collected**

_____ **Date**

_____ **Initials**

The application of _____ dated _____ is hereby approved (disapproved) and permission granted (refused) for the open burning as set forth above.

Reason for refusal of permit: _____

Dated _____

Authorized Signature