

Thomas Groff Fire Chief

## **Gloversville Fire Department**

5 Frontage Rd. Gloversville, NY 12078 Phone: (518) 725-3124 Fax: (518) 725-3732



Brandon Myers Building Inspector

## **RECREATIONAL FIRE APPLICATION / PERMIT #**\_\_\_\_\_

PLEASE TYPE OR PRINT			
Date of Application	/	/	
Applicant:			 
Property Address:			 
Telephone Number:			 
I am the property owner			

Property Owner's Signature

All of the above information is accurate and complete. I hold the City of Gloversville harmless from any damages caused by my recreational fire. I have received a copy of the Open Burning Ordinance. I understand and I agree to comply with all provisions of the Open Burning Ordinance. In addition to any other penalties authorized by law, this may be revoked at any time for noncompliance with the Open Burning Ordinance.

Applicant Signature	Date
Fire Chief / Designee	Date
<i>For City of Gloversville Office Use</i> Annual Fee of Twenty-Five Dollars (\$25) collected on/	_/
Recreational Fire Permit expiring on/	