



CITY OF JOHNSTOWN
 Code Enforcement Office
 PO Box 160, 244 North Perry Street
 Johnstown, New York 12095
 (518) 736-4076

- OFFICE USE ONLY -	
Approved: ____/____/____	Receipt # _____
Permit #: _____, 2022	Fee Paid: _____
Signature: _____	

ADDRESS

RECREATIONAL FIRE APPLICATION / PERMIT

Annual Fee \$20.00

NAME

TYPE

APPLICANT INFORMATION	
Name	Phone:
Street Address	State Zip
Email:	

PROPERTY INFORMATION	
<input type="checkbox"/> I am the Property Owner	<input type="checkbox"/> I am a Tenant – Property owner must sign and date this application where indicated.
<input type="checkbox"/> One Family	<input type="checkbox"/> Two Family <input type="checkbox"/> Three Family <input type="checkbox"/> Other: _____

PROPERTY OWNER INFORMATION, IF DIFFERENT THAN APPLICANT	
Name	Phone
Street Address	State Zip
Email:	

PROPERTY OWNER AUTHORIZATION:

I am the lawful owner of the property listed on this application and authorize my tenant to have a recreational fire on the premises. I hold the City of Johnstown harmless from any damages caused by a recreational fire. I have received a copy of the open burning ordinance, and I understand and agree to comply with all provisions of the open burning ordinance. In addition to any other penalties authorized by law, this may be revoked for noncompliance with the open burning ordinance.

Date: _____

APPLICANT CERTIFICATION:

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

Date: _____

PERMIT APPROVAL - CODE ENFORCEMENT OFFICE (CEO) USE ONLY	
Permit Issued? YES <input type="checkbox"/> NO <input type="checkbox"/> Fee charged: \$20.00	Permit Expires: ____/____/____
CEO Signature: _____ Date: ____/____/____	
INSPECTIONS:	
Date: ____/____/____ Type: _____	Approved: YES <input type="checkbox"/> NO <input type="checkbox"/> CEO Initials: _____
Date: ____/____/____ Type: _____	Approved: YES <input type="checkbox"/> NO <input type="checkbox"/> CEO Initials: _____
Date: ____/____/____ Type: _____	Approved: YES <input type="checkbox"/> NO <input type="checkbox"/> CEO Initials: _____