



*Town of Riverhead
Fire Marshal
4 W Second Street
Riverhead, NY 11901
727-3200 ext. 601*

Application for Restricted Burning Permit

No Fee

Date: _____

Phone # _____

Applicant: _____

Address: _____

Person signing/responsible for permit: _____

Address (if different from above): _____

Note: As per Riverhead Town Code, as well as, NYS Dept. of Environmental Conservation Air Quality Regulations, open burning at residential property is prohibited.

Type of Restricted Burn:

Firematic Training Educational Activity Agricultural

Other (describe) _____

Reason for necessitating burning of material: _____

Location of Burn: _____

Suff. County Tax Map #: _____

Type of material to be burned: _____

Amount of time required for restricted open burning and
expected completion time (**MAXIMUM 6 months**): _____

Method of emergency extinguishment (must be on site): _____

I AGREE TO ABIDE BY ALL CONDITIONS OF THE PERMIT

Applicant Name _____

Title _____

Date _____