



Town of Southampton
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE PREVENTION
27 Ponquogue Avenue
Hampton Bays, NY 11946
Telephone: 631.702.2919
Email: firemarshal@southamptontownny.gov

John J. Rankin
Chief Fire Marshal

Christian E. Hansen
Assistant Chief Fire Marshal

20 _____ BONFIRE APPLICATION:

is hereby made by the undersigned for a permit, required by the Fire Prevention Code of the Town of Southampton Article 164, is applied for:

SPECIAL REQUIREMENTS

1. If applicant is not owner of the property site, a signed permission letter by the owner is required. If Town of Southampton Parks & Recreation has control of the property, a copy of the permit issued by that department is required. All restrictions placed by the permit must be obeyed.
2. Permit will not be issued if fire weather index is high or very high. Restrictions may be placed during moderate ratings.
3. The Town Conservation Office to be notified of all Bonfire permits requested on beaches.

FEE: \$75.00

*A \$50.00 Late Fee will be charged after 4 PM on the working day two days prior to the event.
For weekend events the fee will be charged after 4PM on the Wednesday prior to the event.*

APPLICANT: _____ PHONE: _____

ADDRESS (of applicant): _____ E-MAIL: _____

NAME OF BUSINESS/ORGANIZATION/OWNER: _____

LOCATION OF EVENT: _____

OWNER OF THIS LOCATION: _____ PHONE: _____

**** (Property Owner must sign Landowners Endorsement and Hold Harmless form before a notary) ****

Address other than event of location: _____

OF PERSONS ATTENDING: _____ DATE OF EVENT: _____

TIME REQUIRED FROM: _____ TO: _____

****PLEASE READ TERMS AND CONDITIONS****

I hereby agree to abide by the terms and conditions as provided by the Town of Southampton Division of Fire Prevention. I understand that any violation of the aforesaid terms and conditions may result in the revocation of my access privileges and/or disciplinary action may be taken.

Name of Applicant: _____ Applicants Signature: _____ Date: _____

****** OFFICE USE ONLY ******

Tax Map # _____ **Ck/Cash/CC** _____ **Late Fee** _____

Receipt # _____ **Chief Fire Marshal** _____

Permit # _____ **Date** _____

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TERMS:

- Bon Fire** – an outdoor fire utilized for ceremonial purposes.
- Recreational Fire** – an outdoor fire burning materials other than rubbish, not contained in an outdoor fireplace, barbecue grill or similar container and has a total fuel area of 3 feet or less in diameter and 2 feet or less in height. Exception: fires in approved containers, Container must be available for review.
- Open Burning** –fires that do not meet the above conditions need prior approval from NYS DEC or a letter of non-jurisdiction. Open burning that is offensive or objectionable because of smoke or odor emissions or when atmospheric conditions or local circumstances make such fires hazardous shall be prohibited.

CONDITIONS:

Bon Fire: a bonfire shall not be conducted within 50 feet of a structure or combustible material. Fire must be conducted in a noncombustible container.

Recreational Fires: shall not be conducted within 25 feet of a structure or combustible materials. Conditions which could cause a fire to spread within 25 feet of a structure shall be eliminated prior to ignition. Fire must be conducted in a noncombustible container.

Open Burning: specific requirements will be based on the application submitted.

ADDITIONAL REQUIRMENTS:

- The fire shall **NOT BE LEFT UNATTENDED.**
- A minimum of a 4A rated fire extinguisher or other on-site fire extinguishing equipment such as sand, water barrel and water hose available for immediate utilization.
- A reliable method of calling 911 is required.
- All debris is to be properly handled and disposed.



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Corporation/LLC Attestation Form

Real Property Address: _____

Real Property Tax Map Number: 0900 Section _____ - Block _____ - Lot _____ . _____

Entity Name: _____	Next Statement Due Date: _____
Entity Type: _____	Entity Address: _____
D.O.S. ID: _____	Relation to Entity: _____
Entity Status: _____	Chief Executive Officer: YES/NO (Circle One)
County: _____	Entity Owner: YES/NO (Circle One)
Initial D.O.S. Filing: _____	Percentage of Ownership: _____

Domestic/foreign business corporations and domestic and foreign limited liability companies are required to file a Biennial Statement every two years with the Department of State, and entities may update their status or amend their records with the Department of State at any time.

All information provided herein will be confirmed with the New York State Department of State, and a copy of this form will be forwarded to the legal entity named herein. Any application containing information that does not match New York State Department of State records will be denied. Any incomplete application will be rejected.

I, _____, D/O/B _____, residing at _____, represent that I am the person identified herein, and have the legal ability to represent the legal entity named herein.

I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

_____ (Signature) _____ (Print)

On the ____ day of _____, in the year 202__, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

Notary Public Original Signature and Stamp



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Trust Attestation Form

Real Property Address: _____

Real Property Tax Map Number: 0900 Section _____ - Block _____ - Lot _____ . _____

Trust Name as recorded on Deed: _____ Grantor/Settlor: _____ Trustee/Administrator: _____	Primary Mailing Address: _____ _____ _____ Beneficiary: _____ _____
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All information provided herein will be confirmed against the Suffolk County Record Card, and a copy of this form will be forwarded to the primary mailing address of the identified Trust herein. Any application containing information that does not match the Suffolk County Record Card will be denied. Any incomplete application will be rejected.

I, _____, D/O/B _____, residing at _____, represent that I am the person identified herein, and have the legal ability to represent and legally bind the Trust named herein. I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

(Signature) _____ (Print)

On the ____ day of _____, in the year 202_, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

Notary Public Original Signature and Stamp



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Estate Attestation Form

Real Property Address: _____

Real Property Tax Map Number: 0900 Section _____ - Block _____ - Lot _____.

Estate Name: _____	Primary Mailing Address: _____ _____
Date of Death: _____	_____ _____
Administrator/Executor: _____	County of Administration: _____ State of Administration: _____ _____

All information provided herein may be forwarded to a court of competent jurisdiction. Any incomplete application will be rejected.

I, _____, D/O/B _____, residing at _____, represent that I am the person identified herein, and have the legal ability to represent and legally bind the estate named herein. I declare that, to the best of my knowledge and belief, the information provided herein is true, accurate and complete and understand that false statements made therein are punishable as a Class A misdemeanor punishable pursuant to section 201.45 of the Penal Law.

(Signature) (Print)

On the ____ day of _____, in the year 202_, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

Notary Public Original Signature and Stamp