SOMERS BUREAU OF FIRE PREVENTION
337 Route 202, Somers, NY 10589
914-277-3539 or 8228 FAX: 914-277-3790

APPLICATION FOR A BONFIRE PERMIT

For Office Use Only: Permit #_____ Date Issued_____ Date Expired_____Fee: **$75.00**
(Make checks payable to: Town of Somers)

PLEASE PRINT:
Applicant's Name: Last _____ First _____

Phone #: _____ Emergency 24 Hour Phone #: _____

Organization: _____

Adult Supervising Bonfire: Last _____ First _____

Phone #: _____ Emergency 24 Hour Phone #: _____

Name of Property Owner: Last _____ First _____

Location of Bonfire:
911# _____ Street _____

Section _____ Block _____ Lot _____

Mailing Address:_____

Phone #: _____ 24 Hour Emergency Phone #: _____

Description of Bonfire:
Date of bonfire _____ Approximate time: from _____ to _____
Distance from structure _____

Requirements:
_____ Fire must be at least 150' from a structure or vehicle
_____ Fuel must be dry wood **only**
_____ Flammable or combustible liquids must not be used
_____ Fire must be attended by a competent adult until extinguished
_____ Permit may be revoked by the official or Fire Chief.

Signature of:
Applicant: _____ Date: _____
Adult Supervising Bonfire: _____ Date: _____
Property Owner: _____ Date: _____