



**INCORPORATED VILLAGE OF OCEAN BEACH**

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457  
TEL: (631) 583-5940 FAX: (631) 583-7597

**2010**  
**BBQ PERMIT APPLICATION**  
**FOR ONE YEAR AS PART OF A RENTAL PERMIT APPLICATION**  
**NON-REFUNDABLE**

- A. This permit application is to use an electric or propane gas grill for outdoor cooking in the Village between the hours of 10AM and 9PM. The permit is issued by the Fire Marshal for a one year period.
- B. The electric or propane gas grill shall be maintained in proper working order, shall fully comply with all requirements of the Village and State Fire Codes and shall be maintained and used as follows:
  - 1. At least (5) feet from the nearest combustible material including but not limited to any structure, tree, hanging limb, or LPG gas tank except if an integral part of the grill or barbecue.
  - 2. No less than ten (10) feet from an inhabited structure on an adjoining property.
  - 3. Shall be set upon a fireproof platform extending at least one (1) foot in all directions from the heat source.
- C. A fire extinguisher in proper working order **or** working garden hose shall be located within ten (10) feet of the electric or propane gas grill.
- D. The electric or propane gas grill and premises upon which it shall be used shall be subject to inspection to ensure compliance with §87-13, and the Fire Prevention Article of the Village’s Code.
- E. **NOTE: NO CHARCOAL, WOOD, OR OTHER BURNABLE MATERIAL.**

Ocean Beach Property Address: \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

Telephone Number (s): Ocean Beach: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Residence (Single/One-Family/Two-Family/Condo): \_\_\_\_\_

Type of Device (Please Check): Gas: \_\_\_\_\_ Electric: \_\_\_\_\_

(Please Check) Fire Extinguisher: \_\_\_\_\_ and/or Garden Hose: \_\_\_\_\_

**Location of Device During Use:**  
**(Sketch on Reverse Side of this Application to Indicate the Permanent Location of Device)**

\_\_\_\_\_  
(Signature of owner/applicant)

\_\_\_\_\_  
(Printed name of owner/applicant)

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**FOR OFFICE USE ONLY**

**Date Application Received:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **Cash Receipt No.:** \_\_\_\_\_

Issued by: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  
(Signature of Fire Marshal)



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**SKETCH OF PERMANENT LOCATION OF DEVICE:**

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**List of Noted Deficiencies:**

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