

Applicant Signature:

## White Bear Lake Fire Department 4701 Hwy 61

White Bear Lake, MN 55110 Tel. (651) 429-8568 Fax. (651) 429-8501

## **Prescribed/Outdoor Burn Permit Application**

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Date Received:	Permit N	umber:			(for office use only)
Address of Burn:					
Location Name:					
Owner Name:				Phone Number:	
Applicant Name:				Email Address:	
Applicant Address:					
• •					
Contact Person:				Phone Number:	
Description of Burn	(required):				
	t required for running fires or any fir vw.dnr.state.mn.us/forestry/fire/qu	_	iction time		ning website. Submit with application.
	Piled Material (Circle Fuel)	Trees	Brush		
	# of Piles: Approx. Pile Size(s):				
*Provide sketch of site with measurements to structure or other flammable materials. Must be 50' clear. attach sketch file or utilize back of application for hand drawing					
	Running Fire (Circle Fuel)	Grass	Brush	Slash	
	Size of Area in Acres:				
Effective Dates:	Month:	Day:		Year:	
to	Month:	Day: Day:		Year:	
		•			
Daily Hours:	From:	AM/PM	to		AM/PM
***Prior to burn,	notify White Bear Lake FD at 65:	1-429-8568 a	and Ramse	ey County Dispatch	at 651-266-7702***

Date: