



BRAINERD FIRE DEPARTMENT
 Fire Inspections
 23 Laurel Street
 Brainerd, MN 56401
 218-828-2312
 218-828-2331 (FAX)
 Web: www.ci.brainerd.mn.us



Prescribed Burn Permit Application

Location of Burn: _____

County _____ Section _____ Twp _____ Range _____

Business Name: _____

Owner: _____ Phone No: _____

Applicant Name: _____

Address: _____

Contact Person: _____ Phone No: _____

Description of Burn: _____

PILED MATERIAL (*Circle Fuel*) Trees/Brush/Leaves/ _____
 # Piles _____ Approx Pile Size _____

RUNNING FIRE (*Circle Fuel*) Grass/Brush/Slash _____
 Size of Area in Acres _____

SPECIAL CONDITIONS _____

ATTACHMENT _____

LOCAL ORDINANCE _____

PRIOR TO BURNING CALL _____

EFFECTIVE DATES: From: M _____ /D _____ /Y _____ To: M _____ /D _____ /Y _____

DAILY HOURS: From: M _____ /D _____ /Y _____ To: _____ AM/PM --OR-- - **ALL DAY**

Application submittal must include:

1. Provide a Site Map indicating the location of the burn and adjacent buildings and utilities.
2. Describe firefighting personnel and equipment that will be on site during the burn.

Applicants Signature: _____ Date: _____