

## BURNING PERMIT APPLICATION

Recreational Burning Permit **\$25**  
(annual permit is valid January 1 – December 31)

Agricultural Burning Permit **\$15**  
(5-day permit)

Property **OWNER(S)**: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address of property for permit: \_\_\_\_\_ St. Cloud, MN \_\_\_\_\_

Do you reside at this address?  Yes, **indicate non-owners allowed to burn below**  
(Recreational Burning Permits ONLY)  No, **proceed to authorization below**

### Recreational Burning Permit Property Owner's Authorization

**Those I authorize to maintain recreational fires on property:** \_\_\_\_\_

As the owner of record for the property indicated above, **I understand by granting permission that I am acknowledging responsibility for my property and for the actions and conduct in respect to those I am authorizing to maintain recreational fires on that property.** In the event a burning violation is committed on my property I understand that either one of two citations may occur:

1. A criminal citation, which will be given to the violator at the property via a Law Enforcement Officer.
2. An Administrative Citation, which may include a charge based on the violation or be liened against the property, and subsequently the property parcel tax liability if the citation is not satisfied. Administrative Citations are typically used for Recreational Burning violations and have a minimum citation liability of \$250.

**Property Owner's Signature and Date:** \_\_\_\_\_

Consideration for your neighbors should be observed. Failure to follow the terms and conditions of your burning permit, properly observe safety regulations, or burn without regard for the safety of others, shall be cause for revocation of your permit and may lead to criminal prosecution.

I agree to abide by the burning regulations specified by the City of St. Cloud and to assume responsibility for all damages which may result from burning done under this permit. The St. Cloud Fire Department shall have the right to revoke this permit at any time. When action is taken to revoke this permit, such revocation shall take effect immediately.

As an **occupant** at this address, I have read and understand the above statement.

Signature of **Occupant**: \_\_\_\_\_ Date: \_\_\_\_\_

Non-owner occupant email and phone #: \_\_\_\_\_

If mailing, please enclose payment with your application and send to:  
St. Cloud Fire Department, 101 10<sup>th</sup> Avenue North, St. Cloud, MN 56303  
Make checks payable to **City of St. Cloud**