

ST. CLOUD FIRE DEPARTMENT



101 10th Avenue North
St. Cloud, Minnesota 56303
320.650.3500 · www.ci.stcloud.mn.us



Burning Permit Application

- Recreational Burning Permit **\$25**
(annual permit valid January 1 – December 31)
 - Agricultural Burning Permit **\$15**
(5-day permit, must be zoned agricultural)
- Credit Card # _____ Exp Date ____/____ C V V _____ Card ZIP Code _____
Name on card _____ Check (to: **City of St. Cloud**) Cash

TO BE COMPLETED BY PROPERTY OWNER

Owner Name(s): _____ Phone #: _____
Address of property for permit: _____ St. Cloud, MN _____

Email permit to: _____ (must be able to print) Send via US mail

Do you reside at this address? (Recreational Burning Permits ONLY)

Yes. Other than the owners, list anyone over the age of 18 that has permission to burn without an owner present:

No. Names of 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: _____ Date: _____

TO BE COMPLETED BY OCCUPANT IF NOT PROPERTY OWNER (OWNER PERMISSION REQUIRED)

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 #: _____

For payment by check or credit card, send to: St. Cloud Fire Department, 101 10th Ave North, St. Cloud, MN 56303
OR save as a PDF and email to firedept@ci.stcloud.mn.us with cc info. Call us at 320-650-3500 if you need assistance.