



# RURAL MUNICIPALITY OF MOUNTAIN

P.O. Box 155 Birch River, MB R0L 0E0

Telephone: (204) 236-4222

Fax: (204) 236-4773 Email: [rmmountn@mts.net](mailto:rmmountn@mts.net)

## PERMIT TO BURN

The Undersigned hereby applies for a PERMIT TO BURN in accordance with this application, all By-laws, regulations and Acts applicable thereto, and all conditions stated in the document and appendices.

### Permission is requested to burn:

SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_

Owner of Property \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

Person or Firm Conducting Burn \_\_\_\_\_

Burn Shall be Extinguished – Date \_\_\_\_\_ Time \_\_\_\_\_

### Approval to the above-described burn shall be subject to the following conditions:

1. The applicant conducting the burn shall place the material to be burned in a location a reasonable distance away from all other combustible materials on the property.
2. The fire shall be supervised and kept under control at all times.
3. The fire shall be completely extinguished upon completion of the burn.
4. That applicant conducting the burn shall have readily available, at the site, an adequate means of extinguishing the fire if it becomes necessary to do so.
5. The applicant shall bear responsibility and liability for all damages, which may result from any burning carried out under this permit.
6. No fire shall be set when fire conditions are extreme or hazardous.

### Special Conditions:

**NO FIRE BE SET WITH WINDS OVER 20 KM/HR**

**NO BURNING AT NIGHT**

**NOTIFY FIRE DEPARTMENT BEFORE LIGHTING**

I hereby certify that I am the Owner/Agent in this application, and agree to all conditions described above, and have full knowledge of the circumstances connected, and accept responsibility of the burn.

Applicant: \_\_\_\_\_  
(please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Note\*\* This permit may be cancelled by the By-law Enforcement Officer, Reeve, Council, Fire Chief or the Chief Administrative Officer of R.M. of Mountain.**

**Validated By:** \_\_\_\_\_

**Date:**

\_\_\_\_\_  
\_\_\_\_\_  
(Fire Chief)

**Validated By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Ward Councillor)