

RURAL MUNICIPALITY OF ABERDEEN NO. 373
P. O. Box 40, Aberdeen, Saskatchewan, S0K 0A0
Phone 253-4312, Fax 253-4445, email office@rmofaberdeen.ca

APPLICATION FOR CONTROLLED BURN PERMIT

APPLICATION NO. _____

NAME _____ Phone _____

ADDRESS _____

LOCATION OF CONTROL BURN _____

TYPE AND QUANTITY OF NATURAL WASTE TO BE BURNED _____

NAME OF PERSON OR PERSONS SUPERVISING CONTROL BURN

A control burn permit shall be subject to the following conditions:

- a) Specify the type and quantity of natural waste to be burned.
- b) Set forth any safety precautions which the applicant intends to take to prevent escape of fire.
- c) Transmit the application fee (set by resolution of council) along with the application to the administrator.
- d) Other conditions as indicated herein.

SIGNATURE OF APPLICANT _____

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Office Use Only

CONTROL BURN PERMIT APPLICATION # _____ RECEIVED _____

APPROVED _____ DENIED _____

SPECIAL CONDITIONS _____

