

Town of Osceola Annual Burning Permit

Permit Expires December 31st of the year of issue.

Permit Issued To:

Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone #: _____	Cell # _____		

A separate permit is required for EACH Burning Location. If site is same as above, state SAME.

Permit Issued for the following location:

Address: _____	
City: _____	
Phone # at Burn Location, if any: _____	

The administration rules of the State of Wisconsin and DNR Air Management and Solid Waste Management Programs **prohibit anyone from burning any of the following materials under any conditions:**

- Wet, combustible rubbish, such as wet cardboard or paper.
- Oily substances, such as oily or greasy rags, oil filters, etc.
- Asphalt, such as asphalt shingles or tar paper.
- Plastics of any kind, including plastic bottles and plastic bags.
- Wood products, treated or painted.

Instructions to Burn:

- Each day you plan to burn, call the [Allied Emergency Services](#) answering machine to determine if a burning ban is in effect. Call **715-755-2945** or **715-268-6806**.
- Each day you plan to burn, call the [Polk County Sheriff's Department](#) at **715-485-8300** and inform them.
- You will be asked your name, address, and phone number of the location where you are burning.
- If approved, you may then burn. If there is burning ban set by the Fire Chief at that time, the Polk County Sheriffs Department will advise that burning will not be allowed until the ban is lifted.
- **Permit holder may ignite and maintain only one fire at a time. It is prohibited to leave the fire burning unattended.**

Restrictions:

I hereby agree to use all possible care in igniting fires under this permit and to be responsible for all damage done by such fires. I also agree to abide by all Wisconsin State regulations and the Town's Burning Ordinance. I understand this permit will be revoked upon violation of its restrictions. I further understand that if the Fire Department is called to a fire at the Burn Location, permitted or not, I may be responsible to pay all costs incurred for the fire call as determined by the Fire Chief and the Allied Emergency Services, Inc.

Permit Holder signature: _____ **Date Signed:** _____

Permit Authorization:

(To be filled in by Issuing Official)

Permit Issued By: _____ Position: _____ Date Issued: _____