

## PRESCRIBED BURN PLAN

**Site Location:** \_\_\_\_\_

(if no address, must provide parcel number)

Latitude/Longitude (<http://itouchmap.com/latlong.html>) \_\_\_\_\_

Plan Prepared by:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved by:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### A. Background Information

History of previous burn management

Topography (Please describe topography of area to be burned including changes in elevation, remote difficult to access areas, etc)

Vegetation description (target species):

Number of burn piles: \_\_\_\_\_ Size of burn piles: \_\_\_\_\_

**B. Objectives**

Objectives of the burn (clearly state)

**C. Site Specific Information**

Target burn dates: (range) \_\_\_\_\_

Temperature		Relative Humidity		Wind Speed		Wind Direction	
Min	Max	Min	Max	Min	Max	Min	Max
32	80	25	55	2	20		

Attached maps will include the following:

- Location of burn (areas or pile size locations)
- Property boundaries
- Access and trails
- Burn Unit boundary
- Smoke Sensitive Area (includes airports, hospitals, nursing homes, schools, and wildlife areas, residential structures, wooded land)
- All above ground utilities and other hazards
- Species of Concern (plant/animal)
- Alternative local water source//dry hydrants
- Firebreaks
- Adjacent land use/fuels
- Proposed ignition pattern and sequence

Are you planning to put smoke on the road or is there a roadway adjacent to the burn unit?

Yes: Who owns the roadway?  Federal  State  County  Municipality  Private

No

Minimum # of Personnel: \_\_\_\_\_

Equipment needed:

Firebreak Preparation (where, how and who):

Preferred wind and weather conditions: NWS Daily Weather

Communication needs:

Radio Frequencies to be used: \_\_\_\_\_

Special Regulations; permits, etc

Potential hazards/Safety concerns:

Contingency Plan:

Mop up Instructions:

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**D. Notifications/Contacts**

**Pre Burn-Season Contacts:**

Contact	Location	Phone	email	Who will contact
Neighboring properties				
Smoke sensitive sites				

**Day of Burn Contacts:**

Contact	Location	Phone	email	Who will contact
Dispatch		507-328-2830		Permit holder
Smoke sensitive sites				Permit holder
Land Owners/Local Cooperators(as requested)				Permit holder

**On Site Burn Boss**

Name	Cell phone	Email

**Emergency Response Notifications:**

Contact	Location	Phone	email	Who will contact
Fire Department		507-328-2800		
Dispatch		507-328-2830		
Medical Emergency Facility				
National Weather Service				
Supervisor				
Alternative Supervisor				
Bureau Chief				

I, AS THE PERMIT HOLDER, HAVE READ, UNDERSTAND AND WILL COMPLY WITH PROVISIONS LISTED IN THE CITY OF ROCHESTER’S OPEN BURNING POLICY. I ALSO UNDERSTAND THAT FAILURE TO COMPLY WITH THESE PROVISIONS CAN RESULT IN THE LOSS OF PERMIT, A \$1,000 FINE OR BOTH.

Open Burn policy can be found at:  
<https://www.rochestermn.gov/government/departments/fire/fire-marshal-s-office>