Langley City
THE PLACE TO BE
20399 Douglas Crescent, **Langley** BC V3A 4B3
604.514.2800 **langleycity.ca**

HYDRANT USE PERMIT

Email to Engineering Services a minimum of *five (5) full business days* prior to the intended hydrant use date: engineering@langleycity.ca

PERMIT NUMBER	

Applicant Name:_____ Application Date: _____

Company Name: _____

Company Address: _____

Company Phone: _____ Email: _____

PERMISSION IS HEREBY GRANTED TO THE ABOVE APPLICANT TO USE THE HYDRANT:

Location/Address: _____ Hydrant No: _____

Purpose/Reason: _____

CONDITIONS OF USE:

1. The City will supply and install a backflow prevention device. An Independent backflow prevention device is **NOT** to be used by the Permit Holder.
2. Valid for use Monday to Friday between the hours of 8:00 a.m. and 3:30 p.m. Overtime rates will apply for use outside the specified hours.
3. Applicant to complete the daily and/or weekly rates in the table below.
4. **Refundable deposit of $500.00 is required**. Please complete the Deposit Return Form on the following page. Upon return of the backflow valve, your deposit will be returned **unless** the unit has been altered and/or modified in anyway.

I HEREBY AGREE TO ALL THE TERMS OF THE HIGHWAY AND WATER BYLAWS AS THEY PERTAIN TO THIS PERMIT AND GUARANTEE THE FULFILLMENT OF TERMS SET OUT THEREIN WITHIN THE TIME SPECIFIED IN THIS PERMIT.

THIS PERMIT SHALL COMMENCE ON: _____

EXPIRE ON: _____

Applicant's Signature: _____

DAILY RATES:	**WEEKLY RATES:**
Regular Rate: $75.00/day x ____days = _____	**Regular Rate: $250.00/week x_____ weeks = ____**
Overtime Rate: $110.00/day x ____days = _____	**Overtime Rate: $375.00/week x _____ weeks = ____**

EMAIL: FD Chief Officers; FD Shift Officers; Community Safety

CFS: _____ Manager of Engineering Operations **Account Number 5392-40010**

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DEPOSIT RETURN FORM

The APPLICANT/DEPOSITOR information will be attached to all Invoices, Payments and Refunds

TYPE: ***BUILDING*** ***ENGINEERING*** ***FILM*** ***PLANNING***

PERMIT NUMBER: _____

TYPE OF DEPOSIT	***AMOUNT***	***DEPOSIT RETURN***	***TYPE OF DEPOSIT***	***AMOUNT***	***DEPOSIT RETURN***
OFFICE USE ONLY					
Highway Use			Cleanup		
Hydrant Use			Damage - BP		
Service Disconnection			Damage– Demo		
Water			Landscaping		
Water Meter					
Sanitary 4,6,8”			Off-Site Works		
Storm 4,6,8"			On-Site Works		
City Works			Dept Transportation		

RETURN THE DEPOSIT TO: *(If this information changes please inform the City in writing)*

DEPOSITS FOR SERVICE DISCONECTS OR NEW CONNECTIONS WILL BE KEPT FOR A MINIMUM OF 6 MONTHS FROM THE DATE THE WORK IS COMPLETED

Refund Cheque Payable To: _____

Send Refund to Attention of: _____

Address: _____

City: _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

_____ _____

Applicant’s Signature **Date**