

HYDRANT USE PERMIT

PERMIT NUMBER	
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APPLICANT: _____

ADDRESS: _____

PHONE NO.: _____

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

LOCATION: _____

PURPOSE: _____

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.
3. For usage outside of the above specified hours an overtime rate will apply.
4. If you wish to cancel this permit, please call 604-514-2910 a minimum of 24 hours prior to the start date & time, otherwise charges will apply.
5. **Refundable deposit of \$500.00 is required.** Upon return of 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: _____

Approved by: _____

<p>DAILY RATES:</p> <p>Regular Rate: \$75.00/day x ____ days = _____</p> <p>Overtime Rate: \$110.00/day x ____ days = _____</p>	<p>WEEKLY RATES:</p> <p>Regular Rate: \$250.00/week x ____ weeks = _____</p> <p>Overtime Rate: \$375.00/week x ____ weeks = _____</p>
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CONDITION OF BACKFLOW DEVICE UPON PICK UP:

Good condition: _____ **Needs repair:** _____

EMAIL: FD Chief Officers; FD Shift Officers; Bylaw Officers

CFS: _____ Manager of Engineering Operations

Account Number 5392-40010