PORT MOODY
CITY OF THE ARTS

100 Newport Drive, P.O. Box 36, Port Moody, B.C., V3H 3E1, Canada
Tel 604-469-4500 · Fax 604-469-4550
www.cityofportmoody.com

Hydrant Use Permit

Applicant: _____

Address: _____

_____

Phone #: _____

Cellular #: _____

PERMISSION IS HEREBY GRANTED TO THE ABOVE TO USE THE HYDRANT

Located at: _____

Purpose: _____

Hydrant No(s): _____

This Permit Shall Commence On: _____

And Shall Expire On: _____

CONDITIONS OF USE:

1. The City will supply and install a backflow prevention assembly and/or meter with valves opened by the City. Independent hydrant port **NOT** to be used by the Permit Holder. Hydrant not to be turned on or off by Permit Holder.
2. Valid for use – Monday to Friday between the hours of 7:30am and 3:00pm
3. For usage outside of the above specified hours an overtime rate will apply.
4. If you wish to cancel this permit, please call 604-469-4574 prior to 7:30am of the day the permit is issued for, otherwise charges will apply.
5. Refundable deposit of $600.00 is required. Upon return of backflow assembly, and upon the completion of our tear down/inspection, your deposit will be refunded.
6. $200 Hydrant Inspection Fee Applies
7. Water Use Fee Applies of current meter rate or flat rate of $100 for 1st day and $50 for each additional day, which ever is greater.
8. The holder of this permit is responsible for all damage to equipment and property that may occur and indemnified the City against any and all claims associated with the use of the hydrant(s). The holder is cautioned that the City water supply is chlorinated and discharge of water must be controlled and treated so as not be detrimental to the natural environment.
9. This permit is good for the dates and locations stated only, are not transferable and is subject to cancellation without notice. The hydrant will be available for use within 48 hours of issuance of this permit.

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.

_____
Applicant's Signature

_____
Date:

FAX COPIES TO: #1 Firehall: 604-469-7796
#2 Firehall: 604-931-3057
Operations Dept: 604-469-4530

_____
Approved by:

_____
- ☐ Supervisor of Utilities
- ☐ Superintendent
- ☐ Water Quality Technician
- ☐ Operations Assistant/Office Coordinator