

Hydrant Use Permit Flow Test Only

Applicant: _____

Address: _____

Email: _____

Phone #: _____

Cellular #: _____

PERMISSION IS HEREBY GRANTED TO THE ABOVE TO USE THE HYDRANT (S)

Located at: _____

Purpose: _____

Hydrant Number(s) & Address of Hydrants: _____

This Permit Shall Commence On: _____

And Shall Expire On: _____

CONDITIONS OF USE: FLOW TEST MUST BE WITNESSED BY CITY PERSONNEL

1. Flow testing equipment is the responsibility of the permit holder.
2. Valid for use - Monday to Friday between the hours of 7:30am and 3:00pm.
3. 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 may apply.
4. A refundable deposit of \$740.41 is required per hydrant.
5. The holder of this permit is responsible for all damage to equipment and property that may occur and indemnifies the City against any and all claims associated with the use of the hydrant(s).
6. This permit is good for the dates and locations stated only, is 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.

DATE:

APPLICANT'S SIGNATURE

APPROVED BY

EMAIL TO: operations@portmoody.ca

FAX TO: 604-469-4530 (works yard)

Utility Maintenance Supervisor

Superintendent

Operations Assistant

M/C Work Order # _____