

# Hydrant Use Permit Flow Test Only

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cellular #: \_\_\_\_\_

**PERMISSION IS HEREBY GRANTED TO THE ABOVE TO USE THE HYDRANT**

Located at: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Hydrant Number(s) & Address of Hydrant: \_\_\_\_\_  
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. For usage outside of the above specified hours an overtime rate will apply.
4. If you wish to cancel this permit please provide 24 hours notice and call 604-469-4574 or email operations@portmoody.ca otherwise charges will apply.
5. A refundable deposit of \$777.43 is required per hydrant.
6. Water Use Fee Applies of current meter rate or flat rate of \$100.
7. 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). 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.
8. 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.
9. On-site appointment is required with City staff, the holder of this permit is responsible for arriving at the agreed upon time. Failing to do so will lead to a penalty and deduction of the deposit.

*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](mailto:operations@portmoody.ca)

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

Utility Maintenance Supervisor

Superintendent

Operations Assistant

M/C Work Order # \_\_\_\_\_