



HYDRANT USE PERMIT

Fee: \$123; Deposit: \$500

APPLICANT INFORMATION

Name _____
 Company _____ Email _____
 Phone _____ Fax _____

DATE(S) AND TIMES OF ACTIVITY

Date(s) From: _____ To: _____
 Time(s) From: _____ To: _____

HYDRANT INFORMATION

Hydrant No. _____
 Hydrant Location _____

I will supply a port valve/backflow preventer assembly: Yes No

Port valve and backflow prevents supplied and used by the contractor shall be the following:
Watts 50 mm diameter Series 909 Reduced Pressure Zone Backflow Preventer or approved equal.

By my signature I acknowledge that:

- a) I have been given a copy of the District of Mission procedure [FEE.11](#) and have read and understand its content.
- b) I agree to the conditions listed in this municipal procedure. In particular I agree to remove the port valve assembly at the end of each working day.
- c) I agree to pay the full and actual costs for any repairs that may be required to the hydrant and to any valve assembly borrowed from the municipality resulting from damages caused by our company's use of this hydrant and/or valve assembly, up to and including the replacement of the hydrant and/or valve assembly, as may be deemed necessary by the District of Mission.
- d) I have been given a copy of the District of Mission's procedure [WAT.4](#) for Environmental Control of Treated Water and have read and understood its content. I agree to maintain a supply of emergency response material as set out in that procedure at the work site for as long as the hydrant is in use.

Signature of Applicant _____ Date _____

Please submit to: District of Mission, 7337 Welton Street, Mission, BC V2V 3X1
 Phone: 604-820-3736; Email: engineering@mission.ca

FOR OFFICE USE ONLY

Date _____ Expiry Date _____
 Permit No. _____ Receipt No. _____

Comments _____

Permit Approved by _____

Signature _____

This permit must be carried at all times and be available upon request.