



HYDRANT USE PERMIT

Fee: \$113; Deposit: \$500
Water Usage Fee: \$52 per day

APPLICANT INFORMATION

Name _____
 Company _____ Email _____
 Phone _____ Fax _____

DATE(S) AND TIMES OF ACTIVITY

				Staff Initials
Date(s)		Days:	x	
Time(s)	From:	To:		
Revision		Days:	x \$52.00	\$
Revision		Days:	x \$52.00	\$

HYDRANT INFORMATION

Hydrant No. _____
 Hydrant Location _____

- I will supply a DCVA and independent flow control valve: Yes No
- Valid Backflow test report provided: Yes No
- I will be using an approved air gap: Yes No

By my signature I acknowledge that:

- I have been given a copy of the City of Mission procedure [EPW.06\(A\)](#) and have read and understand its content.
- I agree to the conditions listed in this municipal procedure. In particular I agree to remove the independent flow control valve and the DCVA and replace the hydrant cap at the end of each working day.
- 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 City of Mission.
- I am aware of the City 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: City 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.