



445 Glenmore Road
 Kelowna BC V1V 1Z6
 P. 250-763-6506 | F. 250-763-5688
 www.glenmoreellison.com

Hydrant Permit

Business Name: _____

Contact Name: _____ Contact Number: _____

Email Address: _____

Reason for Use: _____

Location of Hydrant: _____ Hydrant Number: _____

Dates of permitted use: _____ to _____

Incl. Weekends: Not Incl. Weekends: Private Public

Extension 1: _____ Approved by GEID management

Extension 2: _____ Approved by GEID management

Extension 3: _____ Approved by GEID management

Extension 4: _____ Approved by GEID management

Permits are required for public and private use. There is no fee for use of private hydrants. Resale as potable water is prohibited. The valve handle shall be removed by the end of each workday, except by special permission from GEID. The applicant acknowledges that any damage to the hydrant meter box or watermain, as a result of hydrant use will be repaired at the applicant's expense. Water is not to be exported for use outside of GEID boundaries. The applicant also accepts responsibility to pay the fees associated with the use of the specified hydrant and water consumption, as outlined in the District's Bylaws. The applicant acknowledges that GEID will be rendered harmless for any onsite or offsite liability or inconvenience relating to the specified Fire Hydrant Permit. Please Note: Hydrant meter carts will be automatically retrieved on the expiration date of the Hydrant Permit. Unless an extension has been requested and approved by GEID management **before** the date of expiry.

I have read, understand and agree with the above regulations and the indemnity clause:

Applicant's signature _____ Management's signature (GEID) _____

OFFICE USE ONLY:

Days of usage: _____ x \$25 per day = \$ _____

Metered usage: _____ m³ x \$0.615/m³ = \$ _____ **Total \$** _____

Unmetered usage: _____ x \$25 per day = \$ _____ **Total \$** _____

Beginning meter read: _____ End meter read: _____

Assigned meter cart number: _____ Invoice number: _____

Current year certificate of insurance submitted to GEID Yes No

Backflow Preventer (must provide current certified certificate of testing) Yes No Cert# _____