Fire Hydrant Use Application Form

Engineering & Municipal Operations
877 Keil Street, White Rock, BC V4B 4V6
Ph: (604) 541-2181

Instructions: Please email completed form to water@whiterockcity.ca or apply at the Engineering and Municipal Operations Department. Please allow 3-5 business days to process your application.

Terms of Permit

- The City will supply and install a backflow prevention assembly. Independent hydrant port NOT to be used by the Permit Holder. Hydrant not to be turned on or off by Permit Holder.
- Water taken from White Rock hydrants is not for domestic use, human or livestock consumption.
- A minimum 24 hours' notice is required to schedule a hydrant setup.
- The hydrant connection must be locked whenever the hydrant is not in use or not being monitored by the user.
- The applicant is responsible for any and all damages to equipment and property that may occur and indemnified the City against any and all claims associated with the use of the hydrant.
- Fees are payable in advance. The amount of $52.00 is to be paid per calendar day and may be paid by cash, cheque or credit card.

Applicant Information

Name: _________________________________ Date: _________________________________

Company Name (if applicable) _________________________________

Phone: _________________________________ Email: _________________________________

Purpose for Connection: __________________________________________________________

Civic Address (If Applicable) ______________________________________________________

Hydrant Location: _________________________________ Hydrant No.: _________________________________

Start Date: _________________________________ Finish Date: _________________________________

Daily Start Time: _________________________________ Daily End Time: _________________________________

Total Days Required: _________________________________ Date Permit Required: _________________________________

By signing this form, I/we certify that the information in this application is correct and true and acknowledge I/we are responsible for compliance with all provisions listed above.

(Date)        (Name: Please Print)        (Applicant Signature)

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City of White Rock
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