



Hydrant Use Permit

Operations Facility:
24130 Township Road 510

Email completed form to:
waterandwastewater@beaumont.ab.ca

Date of Application:		Hydrant Use Permit Number:	
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Company Information

Company Name:		Phone Number:	
Mailing Address:		Mobile Number:	
Postal Code:		Email Address:	

Project

Project Name:	
Start Date:	Estimated End Date:
Briefly describe work being performed:	
Area work will be performed:	

Permit Conditions

A damage deposit of \$5000, by cheque only, payable to "City of Beaumont" and submitted to the Operations Facility (24130 Twp Rd 510).

Water Consumption, Rental and Hydrant Inspection Fees will be charge to the contractor at rates described in the Utility Service Fees, Schedule VI.

All units loading water will require inspection and must have an approved air gap.

Permit sicker must be placed on inside of windshield and be visible at all times.

A copy of this permit must be kept in water loading unit at all times.

Hydrant use is restricted to the fire hydrant(s) and projects indicated on the permit only.

One (1) permit is required for each unit.

Permit is only valid during dates shown of permit. Permits will only be issued between May 1st to October 1st.

A hydrant wrench designed for fire hydrants is required. *Pipe Wrenches Are NOT Allowed.*

Fire Hydrants must be operated according to the Hydrant Operating Procedure provided.

The Contractor is responsible for following these procedures and may be held liable for damage or repairs to the hydrant, attached infrastructure, and surrounding landscaping.

Failure to comply with these conditions will result in cancellation of this Permit.

Applicant Name:	
Applicant Signature:	Date:

Validation: (To be completed by reviewing officer)

Damage Deposit Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the project type require a backflow preventer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hydrant(s) Approved for use	Address	Hydrant #	Inspection Date

Permit Valid	
Permit Approved	<input type="checkbox"/>

Reviewing Officer's Name:	
Reviewing Officer's Signature:	Date: