

RECEIVED DATE

PERMIT FEE \$100.00

PERMIT NUMBER



**Town of Oak Island
Public Utilities Department
Fire Hydrant Use Permit**

REQUEST DATE

WORK REQUESTED DATE

Requesting Company Name: _____

Requesting Company Representative: _____

Contact Phone Number: _____ Fax: _____

Mailing/Billing Address: _____ Zip: _____

Hydrant Location(s): _____

_____ Hydrant(s) #: _____

Nature of Job (Construction, Landscaping, etc.): _____

PLEASE HAVE PERMIT AVAILABLE FOR TOWN EMPLOYEE INSPECTION

- It shall be unlawful for any person, firm, contractor or corporation to open any fire hydrant without a hydrant permit. Violators shall be subject to a fine amount not to exceed \$500.00
- Permit is valid for 5 working days. **CONTRACTOR MUST PROVIDE RPZ BACKFLOW.**
- To the fullest extent permitted by law, the permittee shall indemnify, and hold harmless the Town and their agents and employees, from and against all claims, damages, and liabilities arising or resulting in whole or in part, from the performance of work pursuant to this permit.
- I have read the above application and know the contents thereof; the same is true and correct. I further agree that the above work will be done in accordance with all Federal, State and Municipal laws ordinances and policies.

Name (Print): _____ Signature: _____

For Office Use Only

Date Issued _____

Meter Size _____

Meter # _____

Start Read _____

Final Read _____

Return Date _____

Inspection

Backflow Prevention _____

Gate Valve for Hydrant _____

Gate Valve for Tanker _____

Meter Installed correctly _____

Reg. Hydrant Wrench _____

Inspected by _____

Date Inspected _____

Comments: _____
