Permit Number _____

RECEIVED STAMP

ORTING

Hydrant Permit Application

110 Train St.SE PO Box489 Orting, WA 98360
Phone: (360)893-2219 • FAX: (360)893-6809
www.cityoforting.org

FEE MUST ACCOMPANY APPLICATION NON-REFUNDALBE	
Business Name:	
Billing Address:	
UBI# / SS#:	**Business Phone:**

TYPE OF BUSINESS
Construction_____ Other_____ (Explain)

REASON FOR HYDRANT PERMIT (Give Brief Description)

CONTACT PERSON	TITLE	HOME ADDRESS	PHONE
	/	/	/

USER FEE:

DAYTIME: _____$33.00 per month to include first 300 cubic feet, $2.16 per 100 cf thereafter.

NIGHT TIME:_____$33.00 per month to include first 300 cubic feet, $.75 per 100 cf thereafter.

FEES

Application Fee $ 100.00
Damage Deposit $1,500.00

I certify the above information is correct
Signed by:_____
Application Date:_____

Hydrant metering device & double check valve back flow device has been approved by the city
Beginning read_____ Date _____
AUTHORIZED SIGNATURE_____

CITY CLERKS'S USE ONLY – DO NOT WRITE BELOW THIS LINE:

DATE RECEIVED _____
BY _____
RECEIPT NO. _____
UTILITY ACCOUNT SET UP_____

AMOUNT

APPLICATION FEE _____
DAMAGE DEPOSIT _____
TOTAL $ _____