



Permit Number _____

RECEIVED STAMP

ORTING

Hydrant Permit

Application

110 Train St. SE PO Box 489 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, \$2.00 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 _____

APPLICATION FEE _____
DAMAGE DEPOSIT _____
TOTAL \$ _____

AMOUNT