Permit Number	

RECEIVED	STAMP
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City of Orting Public Works Hydrant Permit Application

900 Rocky Rd NE, Orting, WA 98360 Phone: (360) 893-9039 • FAX: (360) 893-0408

Phone: (360) 893-9039 • FAX: (360) 893-0408 <u>publicworks@cityoforting.org</u>					
FEE MUST ACCOMPANY A	PPLICATION - NON-REFUNDABLE				
Business Name:					
Billing Address:					
UBI# / SS#:		Business Phone:			
TYPE OF BUSINESS					
	/Fired-in)				
Construction Other _	(Explain)				
REASON FOR HYDRANT PE	ERMIT (Give Brief Description)				
CONTACT PERSON	ADDRESS		PHONE		
	/		/		
USER FEE:					
DAYTIME:\$33.	00 per month to include first 300 co	ubic feet, \$2.16 per 100	O cf thereafter.		
NIGHT TIME:\$33.	00 per month to include first 300 co	ubic feet, \$.75 per 100	cf thereafter.		
FEES		I certify the a	above information is correct		
Application Fee \$ 100.0		Signed by:			
Damage Deposit \$1,500.0	00	Application Date:			
Hydrant metering device & double check valve back flow device has been approved by the city					
Beginning read	Date Ending	read [Date		
Meter Serial Number	/ Backflow Serial Number				
CITY OF ORTING AUTHORI	ZED SIGNATURE				
	CITY CLERK'S USE ONLY – DO N	IOT WRITE BELOW THI	S LINE:		
DATE DECEIVED		ADDITION FEE	<u>AMOUNT</u>		
		APPLICATION FEE DAMAGE DEPOSIT			
RECEIPT NO.		TOTAL \$			
UTILITY ACCOUNT SET UP					