



MOUNTAINS OF OPPORTUNITY

**CRANBROOK**

# Application for Outdoor Water Use Exception Permit

Please present completed signed form to Engineering Department for processing. NOTE: PERMIT IS VALID FOR 2 WEEKS (14 DAYS)

## RESIDENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LANDSCAPING COMPANY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REASON FOR REQUEST & WATERING PARTICULARS:

Seed    Sod    Other (Explain): \_\_\_\_\_

Indicate size of area to be watered:

\_\_\_\_\_ feet by \_\_\_\_\_ feet

Personal information contained on this form is collected under the *Local Government Act* and in accordance with the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of processing the application. For questions or additional information pertaining to your personal information, contact City Hall at 250.426.4211.

<b>Office Use Only</b>	Date Approved: _____	Date Rejected: _____
	Signature of Staff: _____	Title of Staff: _____
	Specifications of Permit Below:	<b>THERE WILL BE NO WATERING PERMITTED ON WEDNESDAYS</b>
	Hours of watering:	FOR OFFICE USE ONLY
	<input type="checkbox"/> Daily within restricted hours	_____ 4:00 a.m. to 11:00 a.m. _____ 7:00 p.m. to 11:00 p.m.
	<input type="checkbox"/> Daily no restriction of times	
<input type="checkbox"/> Other		
Duration:	Start: _____ End: _____	
	Day/Month/Year	Day/Month/Year

4520.20 Outdoor Water Use Exception Permit (Feb 2014)

Form Distribution:    **ORIGINAL to Homeowner**    **COPY to Bylaw Enforcement**    **COPY to Engineering**