



TOWN OF WELLINGTON

8129 Third Street
PO Box 127
Wellington, CO 80549
(970) 568-0447

HYDRANT WATER METER PERMIT

DATE: _____

PERMIT #: 19-HWM-_____

RESPONSIBLE PARTY NAME: _____ MOBILE PHONE: _____

COMPANY NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ ST. _____ ZIP CODE: _____

LOCATION OF FIRE HYDRANT FOR USE: _____

PURPOSE FOR USE WITH LOCATION: _____

PLANNED START DATE _____ PLANNED FINISH DATE _____

THE TOWN MUST BE RECEIVE PERMIT APPLICATION AT LEAST 24 HOURS BEFORE THE PROJECT IS TO BEGIN. AN APPOINTMENT WILL BE MADE FOR TOWN HYDRANT DELIVERY ON SITE. ALL HYDRANT METERS WILL NEED AN APPOINTMENT TO CONDUCT BEGINNING AND END READS. PERMIT NOT TO EXCEED DECEMBER 31, 2019.

TOWN HYDRANT METER/WATER USE FEES:

- \$2,000 Deposit is required and will be held until the Hydrant Meter is returned in good condition. If a meter is inoperable or damaged upon completion of use, the Deposit is forfeited.
- \$10 per day charge + \$6.25 minimum up to a 1,000 gallons

CONTRACTOR SUPPLIED HYDRANT METER/WATER USE FEES:

- \$10 one time permit fee + \$6.25 minimum up to a 1,000 gallons

TOWN HYDRANT METER/WATER USE FEES:

- \$6.25 per 1,000 gallons

THIS PERMIT HAS BEEN ISSUED TO THE ABOVE LISTED COMPANY/PERSON FOR USAGE WITHIN THE BOUNDARIES OF THE TOWN OF WELLINGTON WITH THE FOLLOWING CONDITIONS:

1. Permit must be onsite at all times. Law Enforcement has been instructed to ticket anyone using water from a hydrant without this permit.
2. Monthly meter reads will be conducted by a Town of Wellington employee on site in person and billed accordingly. No call in meter reads will be accepted.
3. Meter must be removed from the fire hydrant during non-working hours after an appointment has been made for final reading by Town of Wellington employee.
4. Failure to abide by the conditions set by the Town of Wellington will result in the forfeiture of the deposit.

I HEREBY AGREE TO THE CONDITIONS CONTAINED IN THIS PERMIT

SIGNATURE _____ DATE _____

OFFICE USE ONLY

RECEIVED BY: _____ APPROVED BY: _____

CHECK # FOR DEPOSIT: _____ HYDRANT SERIAL #: _____

BEGINNING METER READ: _____ BEGINNING READ DATE: _____

END METER READ: _____ END READ DATE: _____

TOTAL GALLONS USED: _____ TOTAL AMOUNT BILLED: _____