



MOUNTAINS OF OPPORTUNITY

CRANBROOK

Application for Outdoor Water Use Exception Permit

Please present completed signed form to Building Services 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.

Office Use Only	Date Approved: _____	Date Rejected: _____
	Signature of Staff: _____	Title of Staff: _____
	Specifications of Permit Below:	THERE WILL BE NO WATERING PERMITTED ON WEDNESDAYS
	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 (Oct 2019)

Form Distribution: **ORIGINAL to Homeowner COPY to Bylaw Enforcement COPY to Building Services**