



23204 58th Avenue W
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@mltwa.gov
www.cityofmlt.com

HYDRANT USE PERMIT APPLICATION

FOR STAFF USE ONLY	
Permit # _____	Permit Fee \$ _____
Deposit \$ _____	Total \$ _____
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Job Site Address: _____

Description of Work: _____

____ Applicant will pick up assembly at Public Works, 6204 215th St. SW.

____ Applicant requests delivery by Public Works (Preferred City Option). If delivery address differs from the job site address listed above, please provide: _____

The [Permit Contact Information Form](#) (page 2) is required to accompany this application.

DESIRED USE FOR: _____

DATE(S) OF USE: _____

TIME OF DAY: _____

APPROXIMATE GALLONS: _____

OR 100 CUBIC FEET: _____

APPLICANT CONTACT PERSON: _____

PHONE: _____

BILLING ADDRESS: _____

City

State

Zip Code

I certify the information provided on this permit application is true and correct.

Owner / Agent _____ Date _____

Signature

Owner / Agent _____

Print



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ **Suite No.** _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail	_____		

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail	_____		

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		
State License #	Expires	City Business License #	Expires	_____

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		

Signed: _____ **Print Name:** _____ **Date:** _____

CITY OF MOUNTLAKE TERRACE
Hydrant Use Requirements

1. All water use must flow through a double check valve assembly (D.C.V.A) or an air gap, and be metered.
 - If an air gap is not used, the applicant must use a City provided a double check valve assembly or the applicant must provide one.
 - The applicant must also use a City provided water meter.
2. All applicant provided hoses, valves, and air gaps must be approved by the City of Mountlake Terrace Water Division at the time of application.
_____ If applicant is providing the double check valve assembly, provide test documentation showing that the device has been tested by a state qualified tester within the last 12 months.
3. The City owned double check valves and meters are provided to the applicant following payment of deposits and fees. The deposits and fees are listed below and on the application.
4. The City has a limited number of double check valve and meter assemblies available for applicant use. A three working day notice from the applicant is needed for the City to provide a D.C.V.A and/or a water meter.
_____ Check with Permit Specialist in Building 425-744-6267 or Fabian Hackett at Public Works 425-670-8264 x 103 for double check valve availability.
5. COST OF WATER: \$5 per day water use fee based on the number of calendar days of possession of check valve and meter, or the metered consumption at current rates, whichever is greater.
6. The damage deposits for a D.C.V.A. and a meter are refundable upon return of the equipment in the same condition as when it was issued. If repairs are required or parts are missing, the cost of the repairs and missing parts will be deducted from the deposit.
7. For a full refund of the unused portion of the water use deposit, the total number of days of use must be delivered to the City in writing along with all City equipment.
8. Application is good for 180 days and must be renewed every 180 days after for an additional fee of \$50.
9. Water shall be obtained only from hydrants designated on the map attached to the permit. Hydrant operation shall be with an applicant supplied hydrant wrenches only (no crescent or pipe wrenches). Only City personnel are authorized to operate water main or hydrant foot valves.
10. The City may limit the use of water from hydrants based on system capacity or during an emergency.

REMOVE FROM THE HYDRANT THE METER/DOUBLE CHECK VALVE ASSEMBLY DURING NON-WORKING HOURS.

Failure to comply with the criteria set forth in this application will result in a fine of not less than \$500.

CITY OF MOUNTLAKE TERRACE
Hydrant Use Requirements
TANKER TRUCKS & TRAILERS

1. Tanker trucks and trailers to be filled from a Mountlake Terrace fire hydrant require a cross-connection inspection in accordance with the City of Mountlake Terrace Cross-Connection Program (MTMC 13.45).
2. Tanker trucks and trailers will be assessed the same risk as an unapproved auxiliary supply, a high health hazard.
3. Air Gap or Double Check Valve Assembly is the required protection for all tanker trucks and trailers (unless approved by the City of Mountlake Terrace).
4. All water use must be metered.
5. The City of Mountlake Terrace will record inspection information for the annual summary report which includes:
Name of company _____

Driver's name _____ License plate number _____

Billing address _____ Location of backflow protection on the vehicle _____

Date of inspection _____ MLT CCS EMP # _____

TO BE COMPLETED BY THE CITY

DCVA SERIAL # _____ DCVA MAKE _____

METER SERIAL # _____ METER MAKE _____

INITIAL METER READING _____ MLT EMP. # _____

HYDRANT GATE VALVE YES NO DATE CHECKED OUT _____

2.5" X 5' FIRE HOSE YES NO

RETURN AND INSPECTION OF DEVICE

APPLICANT: _____ PERMIT # _____

JOB USE LOCATION: _____

DCVA SERIAL # _____ DEPOSIT AMOUNT: _____

METER SERIAL # _____ FINAL METER READING: _____

HYDRANT GATE VALVE YES NO HOSE YES NO

SIGNATURE: _____ DATE RETURNED: _____

CONDITION OF DEVICES RETURNED: _____

REPAIRS NEEDED: YES _____ NO: _____ MLT EMP # _____

TOTAL DEPOSIT RETURNED: _____

SIGNATURE: _____ DATE: _____