

**PERMIT APPLICATION FOR PURCHASE OF
WATER FROM CITY OF BINGHAMTON HYDRANTS FOR CONTRACTORS**

Company Name: _____

Company Address: _____

Responsible Individual (signature): _____

Business Phone # _____ Cell/Emergency # _____

Project/Purpose: _____

Hydrant Location: _____

Permit Start Date: _____ Anticipated use date: _____

Consecutive use date(s): _____

Hydrant permit is only valid Monday-Friday 7:15am – 3:00pm unless otherwise noted above. Any hydrant use outside of this time frame will be subject to additional charges to include but not limited to Overtime pay for one employee of the city of Binghamton. Each such instance will be subject to arrangement and approval of the Water / Sewer Superintendent prior to hydrant use.

The City of Binghamton Water Department will attach a meter and back flow prevention device to the approved hydrant on the date as agreed upon by 7:15am. A representative of the contractor must sign for receipt of device and meter readings. At 3:00pm the Water Department will remove said same device and ask for a representative signature and agreed upon meter reading.

For any further information regarding this Permit (or to have device removed before 3pm)

Call 772-7239 or 772-7210

Indemnification and Release

Using a fire hydrant may cause soil erosion, damage to landscaping, curbs, streets and the hydrant itself. Therefore, the undersigned, individually and on behalf of the above Company, hereby agrees to indemnify and hold the City of Binghamton harmless against any and all damages, costs and expenses, including reasonable attorney's fees, which may be caused by his or her use of the fire hydrant or the failure to properly close the fire hydrant; and hereby releases the City of Binghamton from any and all damages, cost or expenses which the undersigned or the Company may incur regarding use of the fire hydrant.

Please sign: _____ Date: _____

Permit Fees:

Application Fee:\$40.00

Consecutive Day Fee\$10.00

Additional Rates:

First 1000 Cubic Feet:..... \$35.00

Every 100 Cubic Feet, thereafter \$3.30

For office use only.....

Application Date Received: _____ Amount Paid: _____

Check or Money order Number: _____

Customer Number: _____ Invoice Number: _____ Invoice Date: _____

Billed Units: _____ Invoice Amount: _____