

City Hall | 100 Jensen Avenue East | Phone 250 248-6144

Department of Operations | 1116 Herring Gull Way | Phone: 250 248-5412

SPECIAL WATERING PERMIT APPLICATION

| Name: | | Telephone: | | |
|---|--|-------------|--|--|
| | | | E-Mail: | |
| Street Address: _ | | | | |
| in City of Parksvill | <i>e Bylaw No. 1320, Part 2(7))</i> /hedges). A permit will not b | to suppor | t newly planted or turfed lawns and/or landscaping | |
| | | | | |
| REASON F | PERMIT REQUESTED (Check a | applicable | items) | |
| | Newly seeded area Newly planted tree/s | | - / | |
| D | ate Planted: | | | |
| TYPE OF I | RRIGATION TO BE USED (Che | eck applica | able items) | |
| | Above ground sprinkler Drip systems | | Underground irrigation | |
| Applicant Signature | | _ | Date of Application | |
| Information rega | E-Mail: | | | |
| - | s issued. Watering is to be do | | | |
| *Please provide a | n emergency contact name/ | number if | you plan to be away during the period requested. | |
| Name: Pt | | none: | | |
| *Please provide an emergency contact name/n | | | APPLICANT ADVISED: | |
| APPROVED BY: _ | | | _ | |
| STAR DATE – END | DATE: | | | |