
SPECIAL WATERING PERMIT APPLICATION

Name: _____ Telephone: _____

E-Mail: _____

Street Address: _____

The purpose of a Special Watering Permit is to allow irrigation (*in excess of current water conservation limits outlined in City of Parksville Bylaw No. 1320, Part 2(7)*) to support **newly planted or turfed lawns and/or landscaping** (i.e. trees/shrubs/hedges). A permit will not be given to sustain flower or vegetable gardens or established lawns and/or landscaping.

NOTE: DURING STAGE 4 WATERING RESTRICTIONS ALL EXISTING SPECIAL WATERING PERMITS WILL BE CANCELLED AND NO NEW SPECIAL WATERING PERMIT APPLICATIONS WILL BE RECEIVED/APPROVED.

REASON PERMIT REQUESTED (Check applicable items)

- | | | | |
|--------------------------|----------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Newly seeded area | <input type="checkbox"/> | Newly turfed area |
| <input type="checkbox"/> | Newly planted tree/s | <input type="checkbox"/> | Newly planted shrub/s or hedging |

Date Planted: _____

TYPE OF IRRIGATION TO BE USED (Check applicable items)

- | | | | |
|--------------------------|------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Above ground sprinkler | <input type="checkbox"/> | Underground irrigation |
| <input type="checkbox"/> | Drip systems | | |

Applicant Signature_____
Date of Application

Information regarding this application will be supplied to City water bylaw enforcement personnel for their review.

This permit allows daily watering, outside of current water conservation times, for up to three (3) weeks from the date the permit is issued. Watering is to be done in a responsible manner, with attention to the fact that water may be in short supply.

**Please provide an emergency contact name/number if you plan to be away during the period requested.*

Name: _____ *Phone:* _____

DATE PERMIT APPROVED: _____

APPLICANT ADVISED: _____

APPROVED BY: _____

EXPIRY DATE: _____