



ROTHESAY
DEVICE INSTALLATION APPLICATION
ROTHESAY WATER SYSTEM
 Schedule "B"



PROPERTY OWNER(S): _____

PHONE: (Home) _____ (Business) _____

PROPERTY LOCATION: Civic: _____ PID# _____

TYPE OF DEVICE (Please check appropriate box)

	Booster pump
	Quick opening/quick closing valve
	flush valve
	heat pump
	standpipe
	large outlet (as described in By-law 1-18, Water By-Law)
	Other (please specify)

REASON: _____

Water pressure at outside tap (if required): _____

INSPECTED BY: _____ DATE: _____

APPROVED FOR INSTALLATION

Permit Number _____

Per _____

Date _____

map
10/14/19