



TOWN OF GOLDEN
P.O. BOX 350 GOLDEN, B.C. V0A1H0
TELEPHONE (250) 344-2271 FAX (250) 344-6577
www.golden.ca

WATERING VARIANCE PERMIT APPLICATION

Name: _____ Date: _____

Phone Number: _____ Folio Number: _____

Mailing Address: _____

Property Address: _____

Watering variance requested start date (if different to application date): _____

Type of Building: Single Family Residential Non-Residential
 Multi-Family Residential Other (specify) _____

Applicant is Owner Tenant Owner's Agent (e.g. plumber, builder)

Where the application is made by a Tenant or an Agent, by signing this application you are declaring that you are authorised to act upon the Owner's behalf.

I hereby apply for a Watering Variance Permit in accordance with Town of Golden Water System Rates and Regulations Bylaw and agree to abide by standard watering restrictions until a Permit may be issued and to abide by any terms and conditions imposed in such Permit.

Signature of Applicant: _____

FOR OPERATIONS DEPARTMENT USE ONLY

WATERING VARIANCE PERMIT

APPROVED NOT APPROVED Issue Date: _____

Notes and/or Reasoning if not approved: _____

FOR BYLAWS ENFORCEMENT USE ONLY

Inspection Date: _____ Status: _____

Notes : _____
