



HYDRAULIC MODEL APPLICATION FORM

Greater Vernon Water

PROPERTY DESCRIPTION

Legal Description:

Civic Address:

APPLICANT INFORMATION

Water Model Contact:

Mailing Address:

Primary Contact No.:

Cell:

Email/Fax:

DEVELOPMENT TYPE (check all that apply)

Single Family Dwelling

High Density Residential

Industrial

Low to Medium Density Multi-Family Residential, Light industrial, Commercial or Institutional

FIRE PROTECTION

Calculated Fire Flow Requirement (FUS or NFPA) _____ litres per second

Strategy? (ie: Sprinklers/Hydrants):

PROPOSAL INFORMATION (briefly describe your proposal)

APPLICANT CONFIRMATION

1. Hydraulic Model Inquiry Fee: Actual cost per result - \$240.00 minimum per the current *Greater Vernon Water Rates Imposition Bylaw*.
2. Applicable detailed design drawings and payments must be submitted PRIOR to water model completion.
3. As applicant or approved agent, I confirm that I have read all relevant Regional District of North Okanagan Bylaws and policies and that this application is in conformance (unless a Bylaw amendment forms part of this application).
4. I accept responsibility for processing delays caused by incorrect or insufficient submission materials.
5. This application form is a public document and that any and all information contained within the application, including personal information as that term is defined in the *Freedom of Information and Protection of Privacy Act of B.C.* is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to the Board of Directors or for purposes of a public hearing.
6. The water model results are estimates derived from a variety of sources with varying levels of accuracy, and that Greater Vernon Water and the Regional District of North Okanagan and their Data partners make no warranty or representation, expressed or implied, with regard to the correctness, accuracy and/or reliability of the data supplied.
7. This information will be shared with the appropriate partner municipality.

I have read and understand the above conditions _____ (please initial)

Signature of Applicant:

Date:

OFFICE USE ONLY

File Number:

Fees Submitted: \$

Received By:

Receipt #:

Revised: January 9, 2019

REGIONAL DISTRICT OF NORTH OKANAGAN

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