

Cleveland County Water
439 Casar Lawndale Road
Post Office Box 788
Lawndale NC 28090
(704) 538-9033 * (704) 538-9011

APPLICATION FOR FIRE HYDRANT

I/We hereby make application to the Cleveland County Sanitary District, of Cleveland County, North Carolina, to have _____ fire hydrant(s) installed at the following location(s):

*******Note: Please list closest address to were fire hydrant will be set.**

House #: _____ Road Name: _____ NCSR #: _____

House #: _____ Road Name: _____ NCSR #: _____

House #: _____ Road Name: _____ NCSR #: _____

House #: _____ Road Name: _____ NCSR #: _____

In consideration of this application, I/We agree to pay the District the amount of \$_____ for each fire hydrant, as established in current schedule of fees of the District's Rules and Regulations, as applied for before installation of said fire hydrant(s).

It is further understood and agreed that no additional charges will be charged to this application and the District will install said fire hydrant(s) free of additional charges. Upon completion of the installation, said fire hydrant(s) shall become property of Cleveland County Sanitary District and shall be regulated and operated according to District Rules and Regulations.

It is understood that if this application is for multiple applicants and/or multiple fire hydrants, that a single person shall become the representative for each fire hydrant and shall collect all monies for installation of fire hydrant(s) and designates location for installation of same to the Districts. The District shall have final jurisdiction as to location if fire hydrant(s) installed on District's water system.

*******Note: We will need to make a copy of Drivers License of person turning in application and money and applicant must provide documentation of Proof of Ownership of property where hydrant is to be located.**

Signed by applicant(s) _____ day of _____, _____.

Property Owner Signature
Phone Number _____

Witness

Applicant Signature
Phone Number _____

Witness

Fire Department Representative
Phone Number _____

Witness

.....
Signed by District this _____ day of _____, _____.

Amount Received \$ _____
Check# _____ or Cash _____
Date Received _____

District Employee

rvd 3/21/2003