



# Hydrant Rig & Water Use Permit Application

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Permit valid for 6 months. \$45 for renewal.

CONTRACTOR / APPLICANT INFORMATION			
Applicant Name:			Date:
Company Name:			
Address:		City:	State: ZIP:
Phone:		Email:	
Project Type / Location(s):			
Effective Dates:	Start:	End:	
Contractor Type:	<input type="checkbox"/> Private Contractor (\$45 permit fee and water usage rate at \$0.01/gal. apply), or <input type="checkbox"/> Village CIP Contractor (permit fee and water usage charges do <b>not</b> apply)		
Hydrant Access:	<input type="checkbox"/> Hydrant use at Village Yard <input type="checkbox"/> Hydrant use in the ROW		
Rig Type:	<input type="checkbox"/> Contractor-Supplied Hydrant Rig, or <input type="checkbox"/> Village-Issued Hydrant Rig (\$3,500 rig deposit applies)* If requesting a Village-Issued Rig, contractor must first verify availability of rig with PW Yard by calling (847) 853-7500. Available: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Verified:		
	<i>*During the last week of September of each calendar year, the Village will require that the rig equipment be returned to the Yard for a physical inspection and meter reading.</i>		

FOR ADMINISTRATIVE USE ONLY			
Contractor Customer ID #:		Contractor Vendor ID #:	
Village Business License Verified:		COI:	Exp:
Information for Village-Issued Rigs Only			
Condition Out (@ pick-up):		Condition In (@ drop-off):	
Pick Up Date:		Return Date:	
Checked Out By:		Checked In By:	
Cart #:		Equipment #'s match when returned: <input type="checkbox"/> yes <input type="checkbox"/> no	
Meter Reading Start: gal.		Meter Reading End: gal.	
Total Gallons Used: gal.		Water Usage Charge (@\$0.01 / gal) =	
Permit Information			
Permit Fee Due:	\$	Application #:	Permit No.:
Village-Issued Rig Deposit Due:	\$	Permit Issued Date:	Expires:
<b>TOTAL BALANCE DUE:</b>	\$	Village Signature for Permit:	
Refund Information			
Deposit Paid:	\$	Village Signature for Refund:	
Water Usage Charge:	-\$	Notes:	
Cost of Damaged/Missing Parts:	-\$		
<b>TOTAL REFUND DUE:</b>	\$		