



CITY OF COLUMBIA, SOUTH CAROLINA FIRE HYDRANT METER PERMIT



CUSTOMER CONTACT: _____ **WATER DEPT. CONTACT:** _____

PHONE #: _____ **PHONE #:** _____

UTILITIES & ENGINEERING DEPARTMENT

1401 MAIN STREET

PO BOX 147

COLUMBIA, SC 29217

(803) 545-3400

PERMIT FEE: _____

DATE: _____

Make checks payable to City of Columbia check # _____

BILLING NAME: _____ **HYDRANT #:** _____

BILLING ADDRESS: _____ **HYDRANT LOCATION:** _____

EMAIL ADDRESS: _____ **BILLING PHONE #:** _____

APPLICANT ASSUMES ALL PUBLIC LIABILITY AND DAMAGES TO HYDRANT.

This permit must be kept on-site during use.

Permittee name: (print) _____

Engineering Employee name (print): _____

SIGNED: _____
Permittee

SIGNED: _____
UTILITIES & ENGINEERING DEPARTMENT REPRESENTATIVE