



## FIRE HYDRANT APPLICATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ APN: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**Inspection Deposit: \$1,100 (Per Ordinance #15-05) Plan Check Fee: \$465 per sheet (Per Ordinance #22-11)**

I hereby request Rainbow Municipal Water District (District) approve the installation of a fire hydrant to the above service address with the understanding that all costs for plan checks, installation, materials, appurtenances, and inspection shall be paid by Owner (Owner is defined as the legal owner of the parcel(s) and can provide proof of ownership). Prior to starting work, Owner shall comply with the following requirements:

1. Provide an electronic or paper copy of the proposed plans to be reviewed by District staff.
2. Obtain District approval of the proposed plans via the Plan Check process.
3. Obtain approval from the local fire authority.
4. Obtain an Encroachment Permit for work completed within a District Easement, If applicable.
5. Approval of this application is contingent upon payment in full of plan check fees, inspection fee, encroachment fees (if applicable) and shutdown fees (if applicable).

The Owner shall hire a contractor with a class "A" license to install the fire hydrant in accordance with the District's Standards and Specifications and must meet the District's insurance requirements. The contractor shall contact the District's Engineering department at [engineeradmin@rainbow.ca.gov](mailto:engineeradmin@rainbow.ca.gov) at least 14 days prior to beginning any work to schedule an inspection. Once the project has been accepted by the District's Board of Directors, the Owner warrants the work to be free of defects for 12 months from the date of acceptance. The District will become responsible for the daily operation and maintenance of the fire hydrant after acceptance. The remaining balance of the inspection deposit minus staff time will be returned to the Owner following the 12 month warranty phase provided there are no issues or defects.

Signature: \_\_\_\_\_  
Property Owner

Date: \_\_\_\_\_

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**DISTRICT USE ONLY**

VALVE TYPE: \_\_\_\_\_

VALVE NO: \_\_\_\_\_

LONGITUDE: \_\_\_\_\_ (DD)

LATITUDE: \_\_\_\_\_ (DD)

FIRE HYDRANT: TYPE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

LATERAL: SIZE \_\_\_\_\_ LENGTH \_\_\_\_\_

MATERIAL \_\_\_\_\_

TYPE OF MAIN: \_\_\_\_\_

DEPTH OF MAIN: \_\_\_\_\_

FIRE DEPARTMENT NOTIFIED: Yes  No

VALVE MAINT NOTIFIED: Yes  No

(NCF Email: [kmahr@ncfire.org](mailto:kmahr@ncfire.org) and [cswanger@ncfire.org](mailto:cswanger@ncfire.org))

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Engineering Inspector