THE UNIVERSITY OF BRITISH COLUMBIA
Campus and Community Planning
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LWP # _____

Lawn Watering Permit Application

COMPLETE APPLICATION FORM AND SUBMIT RECEIPTS FOR LAWN SEED, SOD, OR NEMATODE APPLICATION WITH APPLICATION TO AJAY PRASAD, COMPLIANCE OFFICER.

Address and Building Name:
Reason: ❑ New Lawn ❑ Nematode Treatment ❑ Public Realm Restoration ❑ Other: _____
Lawn Location: ❑ Front ❑ Side ❑ Other: _____ ❑ Back ❑ All Areas
Starting Date:

Contact Information:		
Contact name:		
Mailing address:		Email:
City:	Postal Code:	Phone:
Strata Contact (if different from above):		
Contact name:		
Email:		Phone:

I UNDERSTAND THAT THIS WATER WILL BE USED ONLY FOR A NEWLY PLANTED OR NEMATODE TREATED LAWN SUBSEQUENT THE IMPLEMENTATION OF GVWD WATER SHORTAGE RESPONSE PLAN - STAGE 2 RESTRICTIONS. THIS PERMIT EXTENDS ALLOWABLE WATERING TO EVERY DAY OF THE WEEK BETWEEN THE MORNING HOURS OF 4:00AM - 9:00AM. FURTHER EXEMPTION IS GRANTED ONLY FOR THE FIRST DAY OF A NEMATODE TREATMENT WHERE WATERING MAY OCCUR AT ANY TIME.

THIS PERMIT EXPIRES 3 WEEKS FROM THE DATE OF ISSUE AND IS REVOCABLE AT ANY TIME, WITHOUT PRIOR NOTICE, ENTIRELY AT THE DISCRETION OF THE MANAGING DIRECTOR, ENERGY AND WATER SERVICES.

PLEASE NOTE THE PERMIT MUST BE PROMINENTLY DISPLAYED AT THE PREMISES.

I HEREBY AGREE THAT I WILL COMPLY WITH ALL RULES, BYLAWS, REGULATIONS AND POLICIES OF THE UNIVERSITY OF BRITISH COLUMBIA AND ALL OTHER STATUTES, RULES, BYLAWS, POLICIES AND REGULATIONS OF OTHER AUTHORITIES IN FORCE AT THE UNIVERSITY OF BRITISH COLUMBIA RELATING TO THE WORK, UNDERTAKING OR PERMISSION IN RESPECT OF WHICH THIS APPLICATION IS MADE AND THAT I WILL INDEMNIFY AND SAVE HARMLESS THE UNIVERSITY OF BRITISH COLUMBIA, ITS OFFICIALS, EMPLOYEES AND AGENTS FROM ALL CLAIMS, LIABILITIES, JUDGEMENTS, COSTS OR EXPENSES OF EVERY KIND, INCLUDING NEGLIGENCE, IN RESPECT OF ANYTHING DONE OR NOT DONE IN CONSEQUENCE OF ANY PERMISSION, PERMIT OR LICENSE ISSUED AS A RESULT OF THE APPLICATION OR THE FAILURE TO OBSERVE COMPLETELY ALL STATUTES, RULES, BYLAWS, POLICIES AND REGULATIONS RELATING TO ANY WORK OR UNDERTAKING IN RESPECT OF WHICH THIS APPLICATION IS MADE.

SIGNED AT VANCOUVER, B.C. THIS _____ DAY OF _____ 20_____

SIGNATURE OF AUTHORIZED AGENT: _____

Revised July 2015