



City of North Myrtle Beach Application for Hydrant Adoption

Applicant: _____
Last Name First Name MI

Address: _____
Street City, State Zip Code

Phone Number: (____) ____ - ____ Fax Number: (____) ____ - ____

Hydrant Choice

First: _____

Second: _____

Description of Proposed Design:

Applicant's Signature

Date

Complete application and return to:

North Myrtle Beach Fire Prevention
1015 2nd Avenue South
North Myrtle Beach, SC 29582

Phone: 843-280-5615
FAX: 843-280-5617

Office Use Only

Hydrant number: _____

Approved By

Date Awarded