TOWN OF CARLYLE

BYLAW NO. 2024-01

A BYLAW TO ESTABLISH FIRE FIGHTING RATES

The Council of the Town of Carlyle, in the Province of Saskatchewan, enacts as follows:

1. This bylaw shall be referred to as the “Fire Rates Bylaw”.

2. The purpose of this Bylaw is to establish the following rates:
   - Costs to be charged for the cost of fire prevention and suppression,
   - Other rates for firefighting meetings, practices, honorarium and administration.

3. That the rates charged be as follows:

FIRE CALLS		
1st Hour – Equipment & Manpower	$1,600.00	Per hour
Pumper Unit & Van Pumper Unit Two One Ton Rapid Response Water Tank Truck Rescue Van		
After 1st Hour – Equipment	$1,600.00	Per hour
Manpower	$35.00	Per hour/man
Scene Securement *(includes 1 truck & 2 firefighters)*	$500.00	Per hour
Fire Fighters		
Fire Calls – Chief	$28.00	Per hour
Fire Calls – Other	$25.00	Per hour
CONSUMABLES – CHARGED IF USED		
Foam- Fire Fighting Foam	$240.00	Per pail
Air Bottles	$30.00	Each
Chain Saw	$40.00	Flat rate
Rescue Saw	$120.00	Flat rate
Absorbent material	As used	Actual cost
CALLBACK TO SCENE/MUTUAL AID		
Returning to scene after initial call has been cleared and closed out and Mutual Aid Calls		
Main Pumper	$600.00	Per hour plus manpower
Ladder Truck	$600.00	Per hour plus manpower
Water Tanker	$450.00	Per hour plus manpower
Chev One Ton	$300.00	Per hour plus manpower
Wildland Truck F-350	$300.00	Per hour plus manpower

And further, that the following “Other Rates” be established:

FIRE FIGHTERS		
Meetings	$17.50	Per attended
Practices	$17.50	Per attended
HONORARIUM		
Chief	$15,000.00	Per year
Deputy Chief(s)	$1,000.00	Per year
Administration	$3,500.00	Per year
Investigation Fee	$200.00	Per hour

4. This bylaw shall be effective as of January 1, 2024, the date the rates were set by the Carlyle & R.M. #63 Fire Protection Board,

5. Bylaw No. 2021-01 is hereby repealed.

6. This bylaw shall come into force and take effect on the date of final reading thereof.

_____
Mayor/Deputy Mayor

_____
Administrator

Read a third time and adopted
this ____ day of _____

_____
Administrator