



# City of Perris

## Building and Fire Marshal

### Water Availability/Fire Flow Form

#### SECTION A: To be completed by customer

Project Name: \_\_\_\_\_

Project Address/Parcel Number: \_\_\_\_\_

Applicant Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Area of largest building \_\_\_\_\_ ft<sup>2</sup>; (measured without area separations wall unless they are 4-hrs)

Construction type? (check one):  IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

Is this building sprinklered throughout? (check one)  N  Y

#### SECTION B: To be completed by Perris Building/Fire Marshal Division

Fire Flow Requirement: \_\_\_\_\_ GPM \_\_\_\_\_ Hour Duration

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

#### SECTION C: To be completed by local water department/district or attach the local water department/district form that contains the same information

Water Department/District: \_\_\_\_\_

Test location (indicate address or cross-streets & provide reference map): \_\_\_\_\_

Hydrant number(s) (if applicable): \_\_\_\_\_

Date of Test: \_\_\_\_\_ Time of test: \_\_\_\_\_  am  pm

FLOW TEST RESULTS			
TEST INFORMATION IS VALID FOR 6 MONTHS FROM DATE TEST IS PERFORMED			
Static pressure:	psi	Residual pressure:	psi
Observed flow:	gpm	Flow calc'd at 20 psi:	gpm

Check the box if the test information above was obtained in a manner other than an actual flow test (i.e. by computer modeling).

I have witnessed and/or reviewed this water flow information and by personal knowledge and/or on-site observation certify that the above information is correct.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Company/Agency: \_\_\_\_\_

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