

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 _____ ft²; (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			
<i>TEST INFORMATION IS VALID FOR 6 MONTHS FROM DATE TEST IS PERFORMED</i>			
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: _____