

PUBLIC FIRE HYDRANT- FIRE FLOW TEST REQUEST FORM

Planning & Development Department Civil Permits and Water Services Counter
200 W Washington Street 2nd Floor Counter 8, Phoenix AZ 85003



Phone: 602.262.6551, opt 2, opt 1 **Email:** pdd.cws.permits@phoenix.gov **Fax:** 602.534.2642

- WSD Engineering approval is required for testing on mains 16" and larger
- \$336 per public fire hydrant fire flow test

***Note: For Private Fire Hydrant - Fire Flow Test Permit, please contact Fire Prevention at 602-262-6771**

Date: _____		
APPLICANT INFORMATION:		
Company/Owner Name: _____		Business Phone: _____
Company Address: _____		Business Fax: _____
Company Contact: _____		Contact Phone: _____
Email Address: _____		
PROJECT INFORMATION:		
Project / KIVA Number: _____		Project Name: _____
Address or Location: (ex: NWC of Thomas and 2 nd Ave) _____		Quarter Section #: _____
FIRE FLOW TEST TYPE: This section is required to be completed for the fire flow request to be processed. Missing information will result in a returned application		
<input type="checkbox"/> Standard Fire Flow Test (Port Size 4")	<input type="checkbox"/> Complex Fire Flow Test (Port Size 4") Fire flow requirements are 3,000 gpm and greater	<input type="checkbox"/> Fire Sprinkler Design (Port Size 2.5") _____-inch water main used for fireline service
Water Main To Be Tested (Street Alignment/ Intersection): _____		Size of Water Main To Be Tested (if known): _____
Special Instructions (i.e. fire hydrant valve #'s if known): _____		
PAYMENT INFORMATION: WSFT Permit Fee Code: WSFIREFLW \$336		
<input type="checkbox"/> Cash/Check (Walk-In Only)	<input type="checkbox"/> City Charge Account _____	
<input type="checkbox"/> Credit Card (PDD Authorization Form Required)	<input type="checkbox"/> Cost Center (Serf Form Required)	

For Official Use Only:		
Water Main: _____	Pressure Zone: _____	Estimated Pressure: _____
Water Main: _____	Pressure Zone: _____	Estimated Pressure: _____
(Notify ADP Engineering staff if field pressure differs more than 30 psi than estimated pressure)		
Date: _____	Processed By: _____	
Permit Number: _____	Receipt Number: _____	