



"City of Choice"

# HYDRANT FLOW TEST FORM

## CITY OF CIBOLO

P. O. Box 826

200 South Main Street Cibolo, Texas 78108

Public Works Department • 210-658-9900 • Fax 210-658-1687

Fire Marshal's Office • 210-566-7008 • Fax 210-566-5758



"City of Choice"

SUBMIT YOUR APPLICATION, ALONG WITH A CHECK, PAYABLE TO "CITY OF CIBOLO".

**Note:** Leaving any empty fields in the **Applicant Contact Information, Project Information, or Fire Flow Test Information** sections below could delay your fire flow results.

### APPLICANT CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Telephone Mobile: \_\_\_\_\_

Facsimile (Fax) Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**I would like to receive the results of the test by (Check all that apply):**

**By Standard Mail** (Default)

**By Fax**

**By E-Mail**

### PROJECT INFORMATION

Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Project Address/Property ID: \_\_\_\_\_

Occupancy of Building (Group Use): \_\_\_\_\_ Fully Sprinklered: Yes  No

Square footage: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Type of Building Construction: Exterior: \_\_\_\_\_ Interior: \_\_\_\_\_  
I II III IV V I II III IV V

Provide a detailed description of the proposed use of, processes taking place in, type of storage within, and any additional information that will best describe how the building will be used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FIRE FLOW TEST INFORMATION

Hydrant(s) to be tested: Public:  Private:  Number of Hydrants: \_\_\_\_\_

Hydrant Numbers if known: Static Hydrant # \_\_\_\_\_ Flow Hydrant # \_\_\_\_\_

Fire Flow for Private Fire Line

Fire Flow for Building Construction

Fire Flow for Fire Sprinkler Design

Commercial:  Residential:  Multi-Family:  Other:

### HYDRANT FLOW TEST FEE

Count	
\$ 25.00	_____ Report pulled from Files, Current Report on File (Less than one year old).
\$150.00	_____ Report with actual Flow Test Performed, Flowing one Hydrant.
\$ 50.00	_____ Flowing of Additional Hydrants, without changing the Hydrant the Pressure is read from.
\$100.00	_____ One Day Flow Test, an Additional Fee Per Test, and will be performed within 24 hours of receipt of payment.

*Continued on back*

Additional information on flow test request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby makes application for service from the City of Cibolo at the herein named location. The undersigned will assume all expenses in accordance with the schedule of Fees and charges adopted by the City of Cibolo. Water use and supply are subject at all times to the rules and regulations established by the City of Cibolo.

Printed Name of Requestor: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

If the applicant is not the property owner

Printed Name of Property Owner: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_