



" 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 (Group of Building): _____ Fully Sprinklered: Yes No

Square Footage: _____ Number of Stories: _____

Type of Building Construction: Exterior: _____ Interior: _____

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

\$ 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, will be performed within 24 hours of receipt of payment.

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 (not required if testing public hydrant)

Printed Name of Property Owner: _____

Signature: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____