



COLTON FIRE DEPARTMENT

303 East E Street, Colton, CA 92324
909.370.5553

Building and Fire Marshal Fire/Flow/Water Availability Form

SECTION A: To be completed by customer

Project Name: _____

Project Address/Parcel Number: _____

Applicant Phone: _____ Email: _____

Area of largest building: _____ sq.ft.; (measured without area separation walls unless they are 4 hour walls)

Construction type: (circle one) IA IB IIA IIB IIIA IIIB IVHT VA VB

Is this building fire sprinklered throughout? (circle one) Yes No

SECTION B: To be completed by Colton Fire Marshal or DGA

Fire Flow Requirement: _____ gpm at 20 psi for _____ hours 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

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

Water Department/District: _____

Test Location: (indicate address or cross-streets and provide reference map) _____

Hydrant Number(s): (if applicable) _____

Date of test: _____ Time of test: _____ am _____ pm

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

Name: _____

Title: _____ Signature: _____

Agency: _____ Date: _____