



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: _____	Signature: _____
Title: _____	Date: _____
Agency: _____	