



FAIR OAKS WATER DISTRICT

10326 Fair Oaks Boulevard, Fair Oaks, CA 95628, phone # (916) 967-5723, Fax # (916) 967-0153
www.fowd.com

REQUEST FOR FIRE FLOW ANALYSIS

Applicant Name: _____ Date _____

Applicant Address: _____

Phone # _____ Fax # _____

E-mail Address (if available): _____

Project Location: _____

Assessor Parcel Number (APN): _____

Construction type: Residential: _____ Remodel _____ New construction _____

Commercial: _____

Proposed Square Footage: _____ Existing service _____

Improvement / site plan submitted: _____ Yes _____ No

Flow Rate (GPM) / Duration (HR) per Fire Dep't requirement (SMFD) _____

Copy of documentation from Sacramento Metropolitan Fire District: _____ Yes _____ No

Applicant Signature: _____

For District Use Only

Application received by: _____ Date: _____

Comments: _____

Fire Hydrant Location _____ . Critical Node/Junction Demand _____

Model Data: Static PSI _____ Residual PSI _____ Available flow at FH(GPM) _____

Calculated Flow at (20 psi): _____ . (5 psi): _____

Approved Backflow Device Required _____ . FOWD certification fee paid: _____