

THE CITY OF **POMONA**



FIRE FLOW TEST REQUEST FORM

Instructions: Complete Part 1 of this form and submit to the Water Resources Department in person at 752 W Commercial St or via email at wrd_engineering@pomonaca.gov. Invoicing and payment will be processed by Public Works.

As required by the Los Angeles County Fire Department, please also submit Form 195 or Form 196 with this request.

- → Forms 195 & 196 may be downloaded at https://fire.lacounty.gov/fire-prevention/.
- → ADU projects within the City that are **not** located in a Fire Hazard Severity Zone (https://egis.fire.ca.gov/FHSZ/) are exempt from the requirements of Form 195, provided they meet one of the following additional criteria: \square ADU garage conversion up to 500 square feet with no additions, ☐ ADU within an existing floorplan of a single family dwelling,

Typical processing time from date of application is approximately 2-3 weeks with on-time payment. For questions regarding the status of your request, please call the Water Resources Department at (909) 620-2283. For questions regarding fees, please call Public Works at (909) 620-2281.

PAI

☐ Junior ADU within an existing floorplan.

Project Address:	PART 1 – TO BE COMPL	ETED BY APPLICANT	• •				
Project Description (include sf): Owner Contact Information Name: Phone No.: Email Address: Owner's Representative Contact Information Name: Phone No.: Email Address: Owner's Representative Contact Information Name: Phone No.: Date PART 2 — TO BE COMPLETED BY WATER RESOURCES DEPARTMENT	Project Address:						
Project Description (include sf): Owner Contact Information Name: Phone No.: Email Address: Owner's Representative Contact Information Name: Phone No.: Email Address: Owner's Representative Signature Date PART 2 – TO BE COMPLETED BY WATER RESOURCES DEPARTMENT	Project Type:	☐ TI / Additio	on 🗆	ADU		Single Family Res	sidential
Owner Contact Information Name: Email Address: Owner's Representative Contact Information Name: Phone No.: Email Address: Owner's Representative Signature Date PART 2 – TO BE COMPLETED BY WATER RESOURCES DEPARTMENT		☐ Commercia	al 🗆	Industrial		Multi-Family Res	idential
Name: Email Address: Owner's Representative Contact Information Name: Email Address: Phone No.: Email Address: Owner's Representative Signature Date PART 2 – To be Completed by Water Resources Department	Project Descripti	ion (include sf): _					
Phone No.: Email Address: Owner's Representative Contact Information Name: Phone No.: Email Address: Owner's Representative Signature Date PART 2 – TO BE COMPLETED BY WATER RESOURCES DEPARTMENT	Owner Contact I	<u>nformation</u>					
Phone No.: Email Address: Owner's Representative Contact Information Name: Email Address: Phone No.: Email Address: Owner's Representative Signature Date PART 2 – TO BE COMPLETED BY WATER RESOURCES DEPARTMENT	Name:						
Name: Email Address: Owner's Representative Signature Date PART 2 – TO BE COMPLETED BY WATER RESOURCES DEPARTMENT							
Phone No.: Email Address: Owner's Representative Signature Date PART 2 – To BE COMPLETED BY WATER RESOURCES DEPARTMENT	Owner's Represe	entative Contact	<u>Information</u>				
Owner's Representative Signature Date PART 2 – To be completed by Water Resources Department	Name:						
PART 2 – To be completed by Water Resources Department	Phone No.:		Email Address	:			
	Owner's Represe	entative Signature		ate			
<u>Test Type</u> : ☐ Hydraulic Model ☐ Field Test (see fields below) ☐ Not Required (per criteria ab	PART 2 – To BE COMPL	ETED BY WATER RE	SOURCES DEPARTMENT				
	Test Type:	☐ Hydraulic Mod	el ☐ Field Test	☐ Field Test (see fields below)		☐ Not Required (per criteria above)	
Primary Hydrant No. Primary Hydrant No. Residual Flow Hydrant No. WRD Eng.	Primary Hydran	t No.	Primary Hydrant No.	R	esidual Flow	Hydrant No.	WRD Eng.
PART 3 – TO BE COMPLETED BY PUBLIC WORKS Permit No Service Order No		ETED BY PUBLIC W	<u>ORKS</u>	·	rdor No		

Date request sent to WRD:

PW Staff: ____