



FIRE HYDRANT FLOW TEST APPLICATION

DATE _____ PERMIT NO _____

JOB NAME _____ SQUARE FEET _____

ADDRESS _____

CONTRACTOR _____ ROC _____

EMAIL _____ PHONE _____

FIRE HYDRANT FLOW TEST PERMIT SUBMISSION REQUIREMENTS:

☐ COMPLETED PERMIT FORM / PAYMENT OF FEES

☐ DATE REQUESTED FOR FLOW TEST*: _____

*We cannot guarantee the Inspector's availability; however, we will do our best to accommodate your request.

☐ Fire Hydrant Flow Test \$121

☐ Each Additional Location – within 10-mile radius of original hydrant..... \$38

ADDITIONAL LOCATION(S):

SUBMITTED BY _____
(please print name)

AMOUNT PAID _____ CHECK _____ CC _____

RECEIVED BY _____

DATE _____

SCHEDULED BY _____

Central Arizona Fire and Medical Authority – Fire Prevention Division
8603 E. Eastridge Drive, Prescott Valley, AZ 86314
928-772-7711

Rev 03/01/2022