



CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

4005 PORT CHICAGO HWY, STE 250 • CONCORD, CA 94520 • (925) 941-3300 • CCCFPD.ORG

FLOW TEST

F. D. Permit Number _____

_____ Date

Applicant Name: _____ Phone No. ____ - _____ Email: _____

Description of Work: _____

Project Name: _____ Address: _____

Suite/Unit (if applicable): _____ City: _____ Zip: _____

Contracting Company (if applicable): _____ Contractor's License/Type #: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone No. ____ - _____ Email: _____

Purpose of Flow Test: Fire Flow Fire Sprinkler design Other: _____

Type of fire sprinkler (if applicable): NFPA 13D NFPA 13R NFPA 13

Water District: _____

Provide location where water main will be tapped for system:

If EBMUD is the water purveyor, see <https://www.ebmud.com/customers/start-or-stop-service/fire-service-requests/>

For questions about submitting this application, email permittech@cccfpd.org

OFFICE USE ONLY: **DO NOT COMPLETE BELOW THIS LINE**

Comments:

Computed by: _____ Amount Due: \$ _____ Received by: _____ Amount Received: \$ _____ Date Received: _____

Cash Credit Check No. _____ Invoice No. _____