

**SAN JUAN WATER DISTRICT**

9935 Auburn-Folsom Road, Granite Bay, California, 95746 • (916) 791-0153 • FAX (916) 791-0161



**APPLICATION FOR FLOW AND/OR PRESSURE ANALYSIS REQUEST**

Requested Analysis Method (Check Your Selection):  Standard Pressure or;  Flow & Pressure Analysis  
(Ref. [www.sjwd.org/engineering-services](http://www.sjwd.org/engineering-services) for more information)

Application Date: \_\_\_\_\_ Building Dept. or Other Permit No. \_\_\_\_\_

Service Location/Description: \_\_\_\_\_  
(Provide info to identify project location such as Address, Lot, Block, Tract #, APN, etc.)

**Applicant**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(No. & Street) (City) (Zip Code)

**Owner (if Different)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(No. & Street) (City) (Zip Code)

**Builder/Contractor**

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(No. & Street) (City) (Zip Code)

Fire System Design Firm/Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(No. & Street) (City) (Zip Code)

Fire Dept/District.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(No. & Street) (City) (Zip Code)

Fire Supply (Hydrant and/or Fire Sprinkler Service) Description: \_\_\_\_\_  
(Describe system design; attach system supply calculations, Design Plans, and other applicable information as available)

Estimated Fire System or Service Demands: Minimum Flow Requested: \_\_\_\_\_ (gpm)  
(Attach Water Demand Calculations & Design Plans)

Minimum Pressure Requested: \_\_\_\_\_ (psi)

Other Info or Related Requests: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Requested Analysis Completion Date: \_\_\_\_\_