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

	Method (Check Your Specific Formore in the control of the control		tandard Pressure or;	Flow & Pressure Ana	ılysis
Application Date:		Building Dept. or Other Permit No.			
Service Location/Des	scription:				_
	(Provide info	to identify project loc	ation such as Address, Lo	ot, Block, Tract #, APN, etc.)	
Applicant					
Name:		Phone #:		E-mail:	
Address:				Fax #:	
	(No. & Street)	(City)	(Zip Code)		
Owner (if Different)					
Name:		Phone #:		E-mail:	
Address:	27. 0.2:			Fax #:	
11000000	(No. & Street)	(City)	(Zip Code)	1 411 ///	
Builder/Contractor					
		Phone #:		E-Mail:	
Address:				For #	
	(No. & Street)	(City)	(Zip Code)	Fax #:	
Fire System Design Firm/Co.:			Phone	#:	_
Contact Person Name:			E-Mail:		
Address:				Fax #:	
Address.	(No. & Street)	(City)	(Zip Code)	T dA //.	
Fire Dept/District.:			Phone #:		
Contact Person Name:			E-Mail:		
Address	(No. & Street)		(City)	(Zip Code)	-
Fire Supply (Hydrant (Describe system d	and/or Fire Sprinkler lesign; attach system suppl	Service) Descrip y calculations, Desig	n Plans, and other applica	able information as available)	-
Estimated Fire System or Service Demands: (Attach Water Demand Calculations & Design Plans)			Minimum Flow Requested: (gpm)		
-	Č		nimum Pressure Req	uested:(psi)	
Other Info or Related	Requests:				-
Construction Start Da	nte:	Requested Anal	ysis Completion Date	e:	-