

## Estimate Request for Low Pressure Fire Hydrant (LPFH)/High Pressure (AWSS) Fire Hydrant

This Request is for:	Application submitted by:	
Project Name	Applicant's Company Name	
Property Address	Applicant Name and Title	
Location of New Hydrant	Applicant Email	Phone Number Cell Number
Mail Cost Estimate to:	Complete Contact Info:	
Company Name	Email Address	
Attn:	Phone	Cell
Street Number, Street Name, Suite, Apt #, etc.		
Mailing City, State, Zip Code		
Part I – Please Check One Box and Circle the Type of Hydrant		
REQUEST FOR A NEW LPFH/AWSS HYDRANT - Please install one new LPFH/AWSS hydrant on the:		
(check one):  north south east side of Street Name		
Apprx (check one):  north  south  west  east from		
Number of Feet	Name of Nearest Cross Street	
-OR-		
<b>REQUEST TO RAISE EXISTING LPFH/AWSS HYDRANT -</b> Please raise existing LPFH/AWSS hydrant by inches located on the:		
REQUEST TO REMOVE EXISTING LPFH/AWSS HYDRANT - Please remove existing LPFH/AWSS hydrant located on the:		
REQUEST TO RELOCATEEXISTING LPFH/AWSS HYDRANT - Please relocate existing LPFH/AWSS hydrant located on the:		
(check one):		
	Street Name	
Apprx (check one): north south west ea Number of Feet		Vearest Cross Street
IF APPLICABLE TO THE NEW LOCATION ON:	Name of t	
(check one):  north  south  west  east side of  south	Street Name	
Apprx (check one):  north south west ea		
Number of Feet		Vearest Cross Street

## Ε Ν to indicate existing LPFH/AWSS hydrant and use to indicate location of new LPFH/AWSS hydrant Use On $\Box$ N $\Box$ S $\Box$ E $\Box$ W side of $On \ \Box \ N \ \Box \ S \ \Box \ E \ \Box \ W \quad side \ of$ Name of Street Name of Street Name of Street Approximately Feet Approximately Feet $\Box$ N $\Box$ S $\Box$ E $\Box$ W of $\Box$ N $\Box$ S $\Box$ E $\Box$ W of Name of Street Name of Street On $\Box$ N $\Box$ S $\Box$ E $\Box$ W side of On $\Box$ N $\Box$ S $\Box$ E $\Box$ W side of Name of Street Name of Street Name of Street Approximately Approximately Feet Feet $\Box$ N $\Box$ S $\Box$ E $\Box$ W $\Box$ N $\Box$ S $\Box$ E $\Box$ W of of Name of Street Name of Street ALL REQUESTS MUST BE SUBMITTED TO SFPUC, Customer Service Bureau Attn: New Installations Unit 525 Golden Gate Avenue, 2nd Floor San Francisco, CA 94102

(415) 551-2900 or email: <u>Nlapprovals@sfwater.org</u> Please allow a minimum of three weeks for review and attach copy of SFFD Approval.

## Part II - Please complete sketch below to indicate location of LPFH/AWSS hydrant(s)

Pmattias 042222