San Francisco Water Power Sewer
Services of the San Francisco Public Utilities Commission

City Distribution Division
1990 Newcomb Avenue
San Francisco, CA 94124

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

This Request is for:

Project Name

Property Address

Location of New Hydrant

Application submitted by:

Applicant's Company Name

Applicant Name and Title

Applicant Email Phone Number Cell Number

Mail Cost Estimate to:

Company Name

Attn:

Street Number, Street Name, Suite, Apt #, etc.

Mailing City, State, Zip Code

Complete Contact Info:

Email Address

Phone Cell

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 ☐ west ☐ east side of _____
Street Name

Apprx _____ (check one): ☐ north ☐ south ☐ west ☐ east from _____
Number of Feet Name of Nearest Cross Street

-OR-

☐ **REQUEST TO RAISE EXISTING LPFH/AWSS HYDRANT -** 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): ☐ north ☐ south ☐ west ☐ east side of _____
Street Name

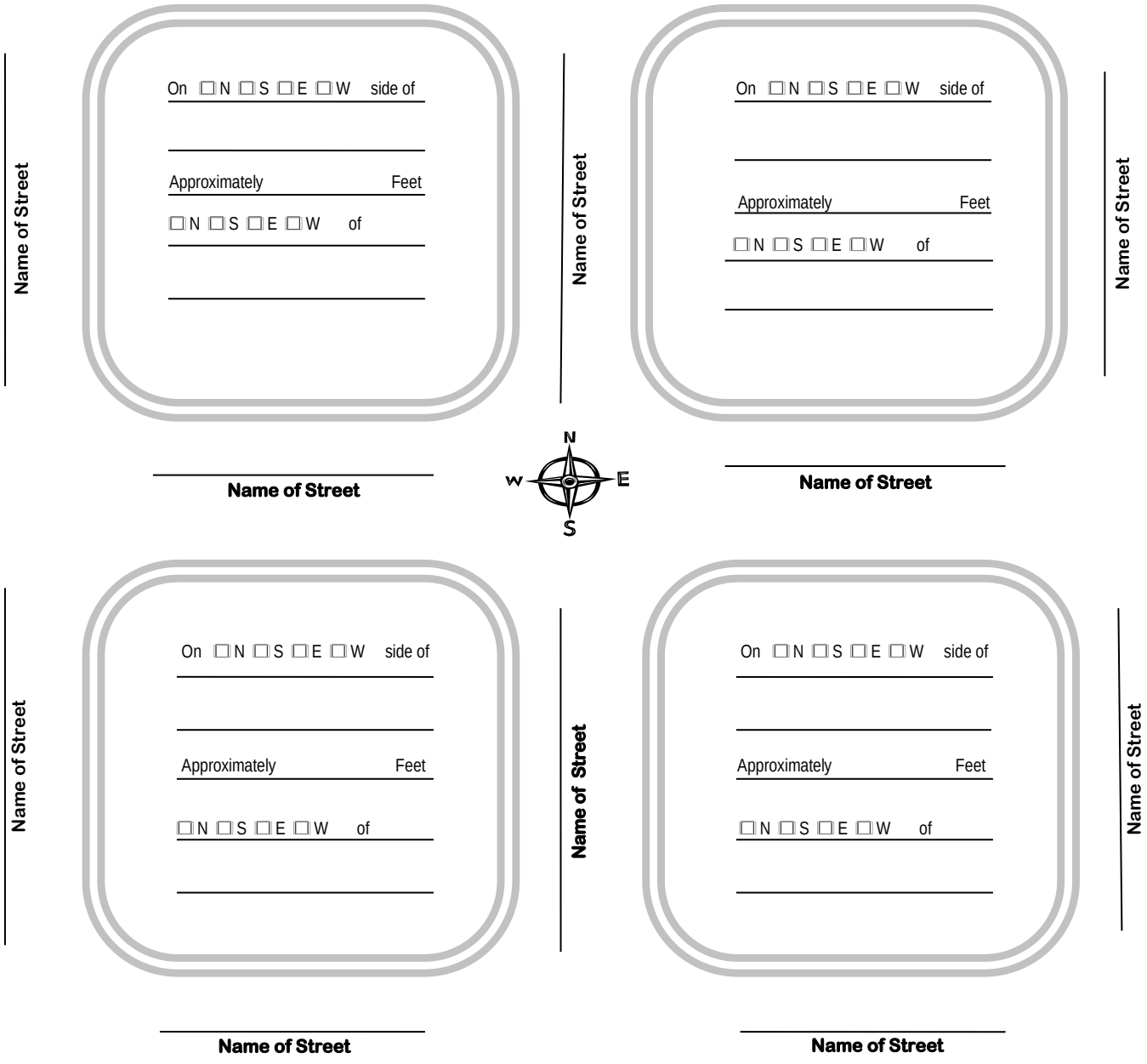
Apprx _____ (check one): ☐ north ☐ south ☐ west ☐ east from _____
Number of Feet Name of Nearest Cross Street

IF APPLICABLE TO THE NEW LOCATION ON:
(check one): ☐ north ☐ south ☐ west ☐ east side of _____
Street Name

Apprx _____ (check one): ☐ north ☐ south ☐ west ☐ east from _____
Number of Feet Name of Nearest Cross Street

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

Use **E** to indicate existing LPFH/AWSS hydrant and use **N** to indicate location of new LPFH/AWSS hydrant



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: NIapprovals@sfwater.org
Please allow a minimum of three weeks for review and attach copy of SFFD Approval.