



Fire Flow Test Permit

City of Black Hawk Water Department

987 Miners Mesa Road
P.O. Box 68
Black Hawk, Colorado 80422
Public Works: 303-582-1324 (phone)
Public Works: 303-582-2250 (fax)
Email: escully@cityofblackhawk.org

\$150.00 Fee Received: _____ (date)
Check Number: _____
Cash: _____
Credit Card: _____

Refer to Chapter 13-3 (f) of the Black Hawk Municipal Code for Notification of Fire Flow Test:

Facilities with fire sprinkler systems may be required to test their systems. These tests shall be scheduled with the City of Black Hawk Water Department and Fire Department a minimum of 48 hours in advance. Failure to provide advance notice of fire sprinkler system testing will result in penalties including, but not limited to, a \$5000.00 fine, the revocation of a City contractor registration for the contractor, and the assessment of any damage to the distribution system caused by the unauthorized test. Note that it is unlawful for any person to tamper with the City water system. Tampering includes, but is not limited to, the unauthorized access to main line valves, fire hydrants or curb stops, by-passing water meters and the testing of a fire sprinkler system without advanced notice to both the Water and Fire Departments.

Facility Name: _____
Address: _____
Contact Person: _____
Phone Number: _____
Email: _____

Company Performing Fire Flow Test: _____

**Contractor must be registered with the City prior to commencing work

Contact Person: _____
Phone Number: _____
Test Date: _____
Time: _____

Send 48 Hour Notification To: Jason Fredricks, Water Superintendent & Don Taylor, Fire Chief
Phone Numbers: 303.582.1324 and 303.582.0426
Email to: jfredricks@cityofblackhawk.org, dtaylor@cityofblackhawk.org

Permits may be obtained on the City's website: cityofblackhawk.org or at the Public Works Office: 987 Miners Mesa Road

Fire Flow Testing Operational Fee: \$150.00

Office Use Only:

City of Black Hawk Contractors License: Yes _____ No _____
Proof of Insurance: Yes _____ No _____

Issued By Public Works Water Department: _____
Date: _____