



Fire Service Authorization
Engineering Department

Date: _____ File No.: _____ Phase No.: _____ APN: _____
Building No.: _____ OMC NMC

Box below to be filled out completely by the applicant

IND. _____ COM _____ RES _____ (# OF UNITS _____) LAND USE _____ PROJECT AREA _____ ac
SERVICE ADDRESS*: _____
BUSINESS NAME: _____ CONTACT: _____
BILLING ADDRESS: _____
CITY, STATE, ZIP: _____ BUSINESS LICENSE #: _____
PHONE NUMBER: _____ ALT NO.: _____ FAX NO.: _____

* PLEASE LIST ALL ADDRESSES WHEN MULTIPLE BUILDINGS ARE BEING SERVICED

TOTAL NUMBER OF FIRE LINES WITHIN PUBLIC R/W : _____

	Pipe Size	Location
Fire Line 1	_____	_____
Fire Line 2	_____	_____
Fire Line 3	_____	_____
Fire Line 4	_____	_____

Copy of City approved plan with fire service location and size attached (required)

Important Information:

To have Fire Protection Service turned on, please call Revenue Services Department at (909) 395-2050 at least three days in advance to start service and coordinate backflow testing. An advance water payment may be required along with proper identification and, if applicable, a City of Ontario business license.

Applicant Name/Signature

APPROVED: _____
By Permit Engineer for City Engineer

Inspector Approval for installation/ Date

Distribution List: 1-Applicant 2- Cashier 3- Steve Wilson 4- Inspector 5- File 6- Meter Shop, Public Works