

Received at Building Dept.

Received at Public Works

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## City of Richmond Fire Line Installation Coordination Form

APPLICATION DATE:

PROJECT NAME:

PROJECT ADDRESS:

FIRE PROTECTION COMPANY:

PROJECT CONTACT NAME:

BEST CONTACT NUMBER:

OTHER CONTACT NUMBER:

### FIRELINE INFORMATION

SIZE:	LENGTH, TAP TO RISER	MATERIAL TYPE:
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CITY WATER MAIN  
SIZE

TAP SIZE:

TAP LOCATION:

Company Doing the Tap:

Contact Name & Number:

Day, Date, & Time the tap is to be done:

Taps cannot be done on City Holidays or after-hours. Must call 281-342-0559 at least 24-hours in advance with any changes in times stated herein.

Department	Title	Name/Signature	Approved	Rejected	Comments
Fire Dept.	Fire Marshal		Approved	Rejected	
Water Dept.	Superintendent		Approved	Rejected	
Public Wks	Coordinator		Approved	Rejected	
Public Wks	Director		Approved	Rejected	