

FIRE HYDRANT FLOW TESTING PERMIT

APPLICANT:	ADDRESS OF PROJECT:
Name:	
Phone No.:	
Email:	
CONTRACTOR/PLUMBER:	CONTRACTOR ADDRESS:
Name:	
Phone No.:	<u> </u>
Email:	<u> </u>
License No.:	
***A representative from the MMA must be ***Please provide a copy of the results to the MN	•
APPLICANT SIGNATURE	DATE
 All of the above items are required to be of A sketch is required showing approximate * All work must be completed per current MN 	e location of fire hydrants to be tested. MA standards. (mmawatersewer.org) Dermits that may be required if working in roadway.
For MMA use only:	
APPROVED:	DATE:
AFFROVED.	DATÉ