

METER APPLICATION AND FIXTURE COUNT SUBMITTAL FORM



PLEASE FILL OUT THIS FORM (DIGITAL ENTRY PREFERRED) IN ITS ENTIRETY AND SUBMIT TO THE ENGINEERING DEPARTMENT FOR TAP FEE CALCULATION, PROPER METER SIZING, AND APPROVAL. THIS FORM ALONG WITH A PDF OF YOUR MECHANICAL DRAWINGS/PLUMBING SCHEDULE CAN BE SUBMITTED VIA EMAIL (PREFERRED) TO CUDengineering@CUDRC.COM OR IN PERSON AT CONSOLIDATED UTILITY DISTRICT'S ENGINEERING BUILDING. ONCE APPROVED, THIS FORM AND THE CALCULATED TAP FEE WILL BE SENT BACK TO THE CONTACT EMAIL ADDRESS PROVIDED. PLEASE BRING THE APPROVED FORM AND PAYMENT FOR THE TAP FEE AND PRESENT TO THE CUSTOMER SERVICE DEPARTMENT TO SIGN UP FOR SERVICE. THANK YOU!

PROJECT TYPE				DATE OF INQUIRY	DATE SERVICE IS REQUESTED
COMMERCIAL	INDUSTRIAL	RESIDENTIAL	MULTI-FAMILY RESIDENTIAL		
PROJECT NAME					
PROJECT ADDRESS					
CITY				STATE	ZIP CODE
CONTACT PERSON			PHONE	EMAIL	
COMPANY/CONTRACTOR NAME					
COMPANY/CONTRACTOR ADDRESS					
CITY				STATE	ZIP CODE
DESCRIPTION OF PROJECT			CHECK SERVICES THAT APPLY		
			DOMESTIC	FIRE PROTECTION ANTICIPATED FIRE FLOW (GPM)	IRRIGATION ANTICIPATED MAX FLOW (GPM)
			_____	_____	

CALCULATION OF WATER SUPPLY FIXTURE UNITS (WSFU)

PLEASE FILL OUT THE FIXTURE UNITS PER PLUMBING SCHEDULE FOR YOUR PROPOSED SITE. BE AS SPECIFIC AS POSSIBLE. IF YOU HAVE A FIXTURE THAT IS NOT LISTED, PLEASE INDICATE IN THE "OTHER" LINE WITH ASSOCIATED QUANTITY.

FIXTURE	QUANTITY	FIXTURE	QUANTITY
1 - BATHROOM GROUP = WATER CLOSET, LAVATORY, & BATHTUB OR SHOWER (1.6 GPF)		BATHROOM GROUP, EACH ADDITIONAL	
1 - BATHROOM GROUP (3.5 GPF)		BATHROOM, 1/2 BATH, EACH ADDITIONAL	
1 - 1/2 - BATHROOM GROUP (1.6 GPF)		BATHTUB OR COMBO BATH/SHOWER	
1 - 1/2 - BATHROOM GROUP (3.5 GPF)		BEVERAGE HOOK-UP	
2 - BATHROOM GROUP (1.6 GPF)		BIDET	
2 - BATHROOM GROUP (3.5 GPF)		COFFEEMAKER	
2 - 1/2 - BATHROOM GROUP (1.6 GPF)		COMBINATION SINK & TRAY	
2 - 1/2 - BATHROOM GROUP (3.5 GPF)		COMBINATION SINK & TRAY W/ FOOD DISPOSAL UNIT	
3 - BATHROOM GROUP (1.6 GPF)		DENTAL UNIT OR CUSPIDOR	
3 - BATHROOM GROUP (3.5 GPF)		DIP WELL	

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FIXTURE	QUANTITY	FIXTURE	QUANTITY
DISHWASHING MACHINE, DOMESTIC		LAVATORY, SURGEON'S	
DISHWASHING MACHINE, INDUSTRIAL		SHOWER, CONTINUOUS USE	
DRINKING FOUNTAIN		SHOWER, DOMESTIC	
DRINKING FOUNTAIN, HEAVY-USE ASSEMBLY		SHOWERS (GROUP) PER HEAD	
EMERGENCY EYE WASH		SINK, BAR (PUBLIC)	
EMERGENCY SHOWER		SINK, CLINIC	
HOSE BIB		SINK, COMPARTMENT	
HOSE BIB, EACH ADDITIONAL		SINK, EXAM/TREATMENT	
ICEMACHINE, 1" LINE		SINK, FLUSHING RIM (WITH VALVE)	
ICEMACHINE, 1/2" LINE		SINK, SERVICE OR MOP BASIN	
ICEMACHINE, 3/4" LINE		URINAL, 1.0 GPF	
ICEMACHINE, 3/8" LINE		URINAL, 1.0 GPF, HEAVY-USE ASSEMBLY	
ICEMAKER		URINAL, GREATER THAN 1.0 GPF	
KITCHEN GROUP (SINK AND DISHWASHER)		URINAL, GREATER THAN 1.0 GPF, HEAVY-USE ASSEMBLY	
KITCHEN SINK, DOMESTIC		URINAL, PEDESTAL, SIPHON JET, BLOWOUT	
KITCHEN SINK, HOTEL/RESTAURANT		WASH SINK	
KITCHEN SINK, W/ FOOD GRINDER		WASHING MACHINE, DOMESTIC	
LAUNDRY GROUP (SINK AND CLOTHES WASHER)		WATER CLOSET, 1.6 GPF FLUSHOMETER TANK	
LAUNDRY SINK		WATER CLOSET, 1.6 GPF FLUSHOMETER VALVE	
LAVATORY		WATER CLOSET, 1.6 GPF GRAVITY TANK	
LAVATORY, BARBER, BEAUTY PARLOR		WATER CLOSET, 3.5 GPF FLUSHOMETER VALVE (OTHER THAN DWELLING UNITS)	
LAVATORY, PUBLIC		WATER CLOSET, 3.5 GPF GRAVITY TANK (OTHER THAN DWELLING UNITS)	
OTHER: _____		OTHER: _____	
OTHER: _____		OTHER: _____	

_____ Applicant Name (Type/Print)	_____ Date		
FOR OFFICE USE ONLY			
_____ <u>ENGINEERING DEPARTMENT APPROVAL</u>	_____ <u>METER DEPARTMENT APPROVAL</u>		
_____ Signature	_____ Date	_____ Signature	_____ Date
<u>INSTALLATION INSTRUCTIONS</u>		<u>ACCOUNT NUMBER</u>	
METER SIZE _____	ORDER TYPE: _____	TAP FEE: _____	
ADDITIONAL NOTES:			