



**DEPARTMENT OF PUBLIC WORKS
Administrative Services Division**

1685 Main Street, Room 113
Santa Monica, CA 90401

Tel: (310) 458-8737 • Fax: (310) 576-3598

METER SIZING QUESTIONNAIRE

Plan Check #: _____

1. Building Information:
- a. Project Address: _____
 _____ Unit No.: _____
- Building Sq. Ft.: _____ # Apt. Units: _____ Fire Service Required: Yes No
- Account Number: _____
- Type of Occupancy: Single-Family Multi-Family Office/Commercial Medical/Dental
 Industrial Multi-Family (low income) Other (explain): _____
- Water used for or interconnected with: Swimming Pool Cooling System Auxiliary Water Supply
 Industrial Processes Auxiliary Water Supply
- Bldg. Height or No. of Stories: _____ Basement Depth or No. of Levels: _____
- Distance from Water Meter to Furthest Water Outlet** _____ P.S.I.: _____
- Mechanical Plans Submitted: Yes No Meter/Service Size Requested: _____

2. Proposed Total Number of Fixtures (at end of project):

Proposed Total Number of Fixtures	OFFICE USE ONLY	Proposed Total Number of Fixtures	OFFICE USE ONLY	Other	OFFICE USE ONLY
_____ Bathroom sinks		_____ Washer			
_____ Toilets - tank		_____ Bar sink			
_____ Toilets - flushometer		_____ Laundry tub			
_____ Bathtubs (w/ or w/o shower)		_____ Hose bibb			
_____ Shower (each head)		_____ *Lawn sprinkler heads			
_____ Sink &/or dishwasher					

*See "Special Instructions" paragraph on Instructions/General Information sheet for help in completing this blank

3. Legal Owner (please print): _____ Phone No.: _____
 Address: _____

4. **I have read and understand the conditions of water service associated with this form and agree to comply with them.** I hereby attest that the information provided on this questionnaire is complete and accurate.
- Applicant (please print): _____ Phone No.: _____
 Title: _____ (e.g., Contractor, Owner, etc.)
- Phone No.: _____ Date: _____
- Applicant's Signature: _____

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(for Staff only)

Existing Meter Size: _____ Total Fixture Units: _____ Minimum Meter & Street Service Size: _____
 Building Supply Size: _____

Approved By: _____ Date: _____