



Account Number: _____

Permit Number: _____

COMMERCIAL WATER METER SIZING WORKSHEET

Date: _____

Name of Property Owner: _____ Contact Person Phone Number: _____

Name of Contact Person: _____ Work: _____

Name of Business (if applicable): _____ Cell: _____

Property Location

Street Address: _____

Subdivision: _____ Block: _____ Lot: _____

| Type of Fixture | Fixtures in New Structure | + | Fixtures in Existing Structure | - | Fixtures Removed | = | Total Fixtures | x | Fixture Unit Multiplier | | | = | Total Fixture Unit Value |
|------------------------------------|---------------------------|---|--------------------------------|---|------------------|---|----------------|---|--------------------------|-------------|--------------------|---|--------------------------|
| | | | | | | | | | 3 or more dwelling units | General Use | Heavy Use Assembly | | |
| Bar Sink | | | | | | | | | 1.0 | 3.0 | 3.0 | | |
| Bathroom sink, each set of faucets | | | | | | | | | 0.5 | 2.0 | 2.0 | | |
| Bathtub or combination bath/shr | | | | | | | | | 3.5 | 4.0 | | | |
| Clinic Sink | | | | | | | | | | 8.0 | | | |
| Clothes Washer (8 lb) / (15lb) | | | | | | | | | 2.5 | 3.0 | 4.0 | | |
| Dental unit, cuspidor | | | | | | | | | | 1.0 | | | |
| Dishwasher | | | | | | | | | 1.0 | 1.5 | | | |
| Drinking fountain or water cooler | | | | | | | | | | 0.5 | 0.75 | | |
| Hose bibb | | | | | | | | | 2.5 | 2.5 | | | |
| Hose Bibb, each additional | | | | | | | | | 1.0 | 1.0 | | | |
| Kitchen sink | | | | | | | | | 1.0 | 1.5 | | | |
| Laundry sink | | | | | | | | | 1.0 | 2.0 | | | |
| Lawn sprinkler, each full head | | | | | | | | | 1.0 | 1.0 | | | |
| Service sink or mop basin | | | | | | | | | | 3.0 | | | |
| Shower | | | | | | | | | 2.0 | 2.0 | | | |
| Shower (continuous use) | | | | | | | | | | 5.0 | | | |
| Toilet, 1.6 GPF gravity tank | | | | | | | | | 2.5 | 2.5 | 4.0 | | |
| Toilet, 3.5 GPF gravity tank | | | | | | | | | 3.0 | 5.5 | 7.0 | | |
| Urinal, 1.0 GPF | | | | | | | | | | 4.0 | 5.0 | | |
| Urinal, greater than 1.0 GPF | | | | | | | | | | 5.0 | 6.0 | | |
| Urinal, flush tank | | | | | | | | | | 3.0 | 4.0 | | |
| Wash fountain, circular spray | | | | | | | | | | 4.0 | | | |
| Fire Sprinklers | | | | | | | | | | | | | |
| Other (Describe) | | | | | | | | | | | | | |
| Fixture Unit Subtotal: | | | | | | | | | | | | | |

For explanations, see 1997 Uniform Plumbing Code

Fixture Description: _____ GPM: _____ Number: _____ Calculated Fixture Units: _____

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Total Fixture Units: _____

I affirm that the information given is correct. I acknowledge that approval given for minimum meter size is based on the information provided, and that any omissions or false statements will result in denial of the request and will require resubmission of corrected data. I understand that the city may require that an inspection be completed by city staff prior to issuing approval. Additionally I understand that any determination is at the sole discretion of the City of Celina.

Signature (Design Engineer) _____ Date Signed _____

Signature (Owner / Agent) _____ Date Signed _____