CRESCENTA VALLEY WATER DISTRICT
WATER METER CLEARANCE APPLICATION

(One Form per Building)

1 Job Address_____
2. Owner_____Ph:_____
3. Contractor_____Ph:_____
4 Type of Building_____
5. No. of Units_____
6. FIXTURE UNIT CALCULATION

FIXTURE	VALVE	NO. OF FIXTURES	FIXTURE UNITS
Kitchen Sink	2 x	_____	_____
Dishwater	2 x	_____	_____
Bath Sink	1 x	_____	_____
Toilet	3 x	_____	_____
Shower only	2 x	_____	_____
Bathtub or Combination Bath/Shower	4 x	_____	_____
Clothes washer	4 x	_____	_____
Hose bibb	3 x	_____	_____
Sprinkler heads	1 x	_____	_____
Other			

TOTAL FIXTURE UNITS_____

7. Maximum length of Building supply pipe and branch most remote outlet)
_____
8. Size of building supply pipe_____
By:_____ Date:_____

FOR OFFICE USE ONLY

WATER PRESSURE AT METER_____
SIZE OF METER_____
BACKFLOW PREVENTION REQUIRED _____YES _____NO
ZONE NO._____
APPROVED BY:_____ DATE_____