



TO: PERMIT APPLICANT

Subject: Permit Application

To ensure that SFPUC reviews your permit application in a timely manner, please provide us with the requested information listed below.

1. Complete the attached Fixture Count Form for all Existing and Proposed fixtures and include the following information if not presented on the permit plans:
 - All laundry hook-ups or washing machines
 - All dishwashers
 - All hose bibs
2. Indicate on the Proposed Fixture Count Form if you will be applying for additional water meter(s) for the project.
3. Ensure that the forms are dated, include your printed name and signature and identify if you are the owner or the owner's agent.
4. Email the completed Fixture Count Forms and include scanned copies of the following pages of your plans to capacitycharges@sfgwater.org:
 - Coversheet with Scope of Work
 - Existing architectural floor plans
 - Proposed architectural floor plans

If you have any questions, please call our Capacity Charge program team at (628) 652-6040.

Thank you,

SFPUC Capacity Charge Program

Existing Water Supply Fixture Units Calculation Sheet

Permit Application Number: _____

Date: _____

Service Address: _____

Block/Lot: _____

Water Account Number: _____

Fixture Type	BLDG Total	BSMT	FLR 1	FLR 2	FLR 3	FLR 4	FLR 5	FLR 6
BATHROOM FIXTURES								
Bathtub or Combination Bathtub with Showerhead								
Shower, <i>per head</i> (Shower Stall)								
Lavatory Sink (Bathroom Sink)								
Toilet, 1.6 gpf Gravity / Pressured tank								
Toilet, 1.6 gpf Flushometer Valve								
Urinal, 1.0 gpf Flushometer Valve								
Urinal, greater than 1.0 gpf Flushometer Valve								
Urinal, Flush Tank								
Bidet								
Jacuzzi or Hot Tub								
KITCHEN FIXTURES								
Kitchen Sink / Prep Sink / 3-Compartment Sink <i>per faucet</i>								
Dishwasher (Residential)								
Dishwasher (Commercial)								
Bar Sink / Dump Sink								
Wash-up, <i>per set of faucets</i> (Commercial)								
Ice Maker								
LAUNDRY FIXTURES								
Clothes Washer (Residential)								
Clothes Washer (Commercial)								
#12								
#18								
#25								
#30								
Laundry Sink								
OTHER								
Hose Bibb								
Hose Bibb, each additional								
Service or Mop Sink								
Drinking Fountain / Water Cooler / Bottle Refill Station								
Wash Fountain, <i>per set of faucets</i>								
Dental Unit (Cuspidor)								
Clinic Faucet								
Clinic Flushometer Valve								
Lawn Sprinkler, each head								

Declaration:

By signing this document, I certify that the information I have provided is true and correct. I agree to notify the SFPUC immediately of any changes to the above information.

Check One:

Owner

Owner's Agent

Signature of Applicant

Date

Print Name

Proposed Water Supply Fixture Units Calculation Sheet

Permit Application Number: _____

Date: _____

Service Address: _____

Block/Lot: _____

Water Account Number: _____

Fixture Type	BLDG Total	BSMT	FLR 1	FLR 2	FLR 3	FLR 4	FLR 5	FLR 6
BATHROOM FIXTURES								
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Wash Fountain, <i>per set of faucets</i>								
Dental Unit (Cuspidor)								
Clinic Faucet								
Clinic Flushometer Valve								
Lawn Sprinkler, each head								

Declaration:
 By signing this document, I certify that the information I have provided is true and correct.
 I agree to notify the SFPUC immediately of any changes to the above information.

Check One: Owner Owner's Agent
 Check if Applicable: I will be applying for ___ additional meters

 Signature of Applicant

 Date

 Print Name