



TO: ADU PERMIT APPLICANT

Subject: ADU Permit Application

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

1. Complete the attached Fixture Count Form for Existing and Proposed fixtures and include the following information:
 - all laundry hook-ups or washing machines
 - all dishwashers
 - all hose bibs
2. Indicate on the Fixture Count Form if you will be applying for additional water service.
3. Ensure that the form is dated, includes your printed name and signature, and the Fixture Count Form is stamped with your professional stamp.
4. Return the completed Fixture Count Form and scanned copies of the following pages of your Plans, and email them 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 at (415) 575-6941.

Thank you,

SFPUC Capacity Charge Program

Website: <https://sfgwater.org/capacitycharges>



Fixture Count

Permit
 Appl. No.: _____
 Address: _____
 Block/Lot: _____

Existing

List the number of each fixture type.

Fixture Type	Bldg Total	FLR	FLR	FLR	FLR	FLR	FLR
		1	2	3	4	5	6
Bathtub or Combination Bath/Shower							
Bidet							
Clothes Washer (residential)							
Clothes Washer (commercial)							
#12							
#18							
#25							
#30							
Dental Unit, Cuspidor							
Dishwasher (residential)							
Dishwasher (commercial)							
Drinking Fountain or Water Cooler							
Hose Bibb							
Hose Bibb, each additional							
Ice Maker							
Jacuzzi/Hot Tub							
Lawn Sprinkler, each head							
Sinks							
Bar							
Clinic Faucet							
Clinic Flushometer Valve							
Kitchen							
Laundry							
Lavatory (Hand Sink)							
Service or Mop Sink							
Washup, each set of faucets							
Shower , per head (shower stall)							
Urinal, 1.0 gpf Flushometer Valve							
Urinal, greater than 1.0 gpf Flushometer Valve							
Urinal, flush tank							
Wash Fountain							
Toilet , 1.6 gpf gravity /pressured TANK							
Toilet, 1.6 gpf flushometer valve							

Existing Meter Size: _____ Architect/Engineer Stamp: _____ Signature: _____

 Print Name: _____
 Water Bill Account No. _____ Check one → Owner Owner's Agent

 Date: _____



Fixture Count

Permit
Appl. No.: _____
Address: _____
Block/Lot: _____

Proposed

List the number of each fixture type.

Fixture Type	Bldg Total	FLR 1	FLR 2	FLR 3	FLR 4	FLR 5	FLR 6
Bathtub or Combination Bath/Shower							
Bidet							
Clothes Washer (residential)							
Clothes Washer (commercial)							
#12							
#18							
#25							
#30							
Dental Unit, Cuspidor							
Dishwasher (residential)							
Dishwasher (commercial)							
Drinking Fountain or Water Cooler							
Hose Bibb							
Hose Bibb, each additional							
Ice Maker							
Jacuzzi/Hot Tub							
Lawn Sprinkler, each head							
Sinks							
Bar							
Clinic Faucet							
Clinic Flushometer Valve							
Kitchen							
Laundry							
Lavatory (Hand Sink)							
Service or Mop Sink							
Washup, each set of faucets							
Shower , per head (shower stall)							
Urinal, 1.0 gpf Flushometer Valve							
Urinal, greater than 1.0 gpf Flushometer Valve							
Urinal, flush tank							
Wash Fountain							
Toilet , 1.6 gpf gravity /pressured TANK							
Toilet, 1.6 gpf flushometer valve							

Do you plan to apply for a meter increase or additional new water service?
Yes No

Architect/Engineer Stamp: _____

Signature: _____

Print Name: _____

Check one → Owner Owner's Agent

Date: _____