MANATEE COUNTY METER SIZING FORM

Project Name: _____ **Building Permit # :** _____

Final Site Plan Case # (If applicable): _____

Project Address: _____

If this is an existing meter, provide Meter I.D. No.: _____ **Existing Meter Size:** _____

Physical Address of Existing Meter or Water Billing Account No.: _____

Quantity	Fixture Type	Occupancy	Type Supply	Load/Unit	Load
	Bathroom Group (Toilet, Sink, & Bathtub)	Private	Flush Tank	3.60	
	Bathroom Group (Toilet, Sink, & Bathtub)	Private	Flush Valve	8.00	
	Bathtub	Private	Faucet	1.40	
	Bathtub	Public	Faucet	4.00	
	Bidet	Private	Faucet	2.00	
	Combination Fixture	Private	Faucet	3.00	
	Dish Washing Machine	Private	Automatic	1.40	
	Dish Washing Machine	Public	Automatic	1.50	
	Drinking Fountain	Office, etc.	3/8" Valve	0.25	
	Kitchen Sink	Private	Faucet	1.40	
	Kitchen Sink	Hotel, Restaurant	Faucet	4.00	
	Laundry Trays (1 to 3)	Private	Faucet	1.40	
	Lavatory/Hand Sink	Private	Faucet	0.70	
	Lavatory/Hand Sink	Public	Faucet	2.00	
	Service Sink/Mop Sink/Utility Sink	Office, etc.	Faucet	3.00	
	Shower Head	Public	Mixing Valve	4.00	
	Shower Head	Private	Mixing Valve	1.40	
	Urinal	Public	1" Flush Valve	10.00	
	Urinal	Public	3/4" Flush Valve	5.00	
	Urinal	Public	Flush Tank	3.00	
	Washing Machine (8 lb)	Private	Automatic	1.40	
	Washing Machine (8 lb)	Public	Automatic	3.00	
	Washing Machine (15 lb)	Public	Automatic	4.00	
	Water Closet (toilet)	Private	Flushometer Valve	6.00	
	Water Closet (toilet)	Private	Flush Tank	2.20	
	Water Closet (toilet)	Public	Flushometer Valve	10.00	
	Water Closet (toilet)	Public	Flush Tank	5.00	
	Water Closet (toilet)	Public or Private	Flushometer Tank	2.00	
	Hose Connection 1/2"	Public or Private	Faucet	2.60	
	Hose Connection 3/4"	Public or Private	Faucet	5.50	
	Other (attach source of load/unit)				
	Other				
				Project Load:	

Number of existing units served by meter: _____

Total number of units served by meter: _____

If this is an existing meter that serves more than one unit, provide additional existing load: _____

Total Load: _____

County Sanitary Sewer Service? (Check Box): □ **Yes** □ **No**

Does the project include any sanitary lift stations? (Check Box): □ **Yes** □ **No**

Applicant's Comments: _____

Name (Printed): .....

Signature: .....

License No.: .....

Date: .....

Circle one: Engineer, Architect, Plumber/Contractor

Company Name: _____

Address: _____

E-mail Address: _____

Telephone Number: _____

Proposed/Required Meter Size: _____

Meter Size shall be consistent with Florida Building Code - Plumbing.

If Professional Engineer or Architect; print name, license #, sign, date & seal.
If Plumber/Contractor; print name, license #, sign & date.

Note: Completed form may be submitted via e-mail to PW.EngMeters@mymanatee.org

Completed form may be submitted via FAX @ (941) 749-3206

Rev. May 2010