WATER SERVICE APPLICATION

Fire Line DCDA

METER LOCATION INFORMATION

Project Address: ________________________________

Use Description: ________________________________

FIRE LINE DOUBLE CHECK DETECTOR ASSEMBLY

Tract No: ______ Lot No.: _____ Lot Size (from the County Assessor’s Final Map): _______
Index No.: ______

Nearest Cross Streets ________________________________

APPLICANT INFORMATION (Billing Address)

Name (Individual & Firm if applicable), Mail Address, E-Mail Address, & Telephone (Land line & Mobile):

_____________________________________________________________________________________

_____________________________________________________________________________________

FIRE LINE DCDA/ METER INFORMATION (see next page for DCDA information)

A. Completed by Applicant (A – F) ________________________

   Building Area (footprint) ______________ SF

   (1st floor living area less garage area) ______________ SF

B. Total Building Area __________________________ SF

   (Total living area/From City Building Permit) ______________ SF

C. Garage Area ___________________________ SF

D. Hardscape Area __________________________ SF

E. Landscape Area __________________________ SF

F. Total Lot Area (W/O HOA) ______________ SF

Completed by Utilities Department (1 – 11)

1- Billing Classification ______ WCL ______

2- DCDA Manufacturer __________________________

3- DCDA Model __________________________

4- DCDA Size __________________________

5- Serial No. __________________________

6- Bypass Meter Size: __________________________

7- Bypass Meter Serial No. __________________________

8- Installation Date __________________________

9- Installed By __________________________

10- Inspected By __________________________

11- Inspection Date __________________________
REQUIRED FEES

FEES VERIFIED WITH AGREEMENT, attached fees calculations.

MISCELLANEOUS INFORMATION

Done

( ) Y / N Approved backflow Device to be installed prior to meter installation

( ) Y / N Install meter only (No backflow issues)

( ) Y / N State or County Permit require

(X) Y / N Water Quality Technician must approved back flow prevention device prior to meter being activated. Inspector sign off here _________________ Date _________________.

( ) Y / N Pressure regulator required. Inspector sign off here _________________ Date _________________.

ADDITIONAL REMARKS:

BFD Information (if applicable):

Size:                      Manufacturer:               Model:                      Serial No.

FINAL SIGN OFF ON METER

Utilities Inspection: ____________________ Date _________________

Quality Assurance: ________________________ Date _________________

Customer Service: ________________________ Date _________________

Utilities Department:

ALL FEES HAVE BEEN VERIFIED AND COLLECTED AND ALL NECESSARY CITY PERSONNEL HAVE SIGNED OFF. METER INSTALLED PROPERLY.

Application processed and forwarded to Customer Service to set up the Customer Account.

Utilities Engineering: ____________________ Date _________________