

Applicant Name:
Business Name (if applicable):
Mailing Address:
Site Address:
Assessor's Parcel Number:
Type of Occupancy:
Phone Number:
Email:

A	B	C	D	"B or C x D = Total"
Appliance or Fixture	Fixture Unit Value		Number of Fixtures and Appliances	Total (Column B or Column C Multiplied by Column D)
	Private Residential	Public Non-Residential		
Indoor				
Stand Alone Bathtub	4.0	4.0		
Jacuzzi/Hot Tub with 3/4" Fill Valve	10.0	10.0		
Bathtub/Shower Combination	4.0	4.0		
Bidet	1.0	1.0		
Clothes Washer	4.0	4.0		
Dental Unit - Cupsidor	1.0	1.0		
Dishwasher	1.5	1.5		
Drinking Fountain/Cooler	0.5	0.5		
Refrigerator with with water/ice maker	0.5	0.5		
Kitchen Faucet	1.5	1.5		
Bar Faucet	1.0	2.0		
Clinical Medical Faucet	3.0	3.0		
Laundry Faucet	1.5	1.5		
Service, Utility or Mop Basin Facuet	1.5	3.0		
Lavatory (Bathroom Faucet)	1.0	1.0		
Stand Alone Showerhead	2.0	2.0		
Urinal Flushometer Valve	3.0	4.0		
Flushometer Valve Toilet	5.0	5.0		
Pressure Assist Toilet	2.5	2.5		
Gravity Toilet	2.5	2.5		
Hydronic Heating (climate) System	1.0	1.0		
Subtotal Indoor				
Outdoor				
First Hose Bib	2.5	2.5		
Each Additional Hose Bib	1.0	1.0		
Number of Irrigation Valves	1.0	1.0		
Number of Irrigation Spray Heads	0.0	0.0		
Subtotal Outdoor				
Total Indoor and Outdoor				

The water demand worksheet is used to determine the size and type of water meter(s) required for your project. Each plumbing fixture (end use) is assigned a fixture unit value as determined by the California Plumbing Code. This information along with other submittals and documents for your project will assist the District in determining if the project has adequate capacity and the type of water meter(s) required.

Coastside County Water District
 766 Main Street, Half Moon Bay CA 94019
 (650) 726-4405 | www.coastsidewater.org

