

Application for Reduction in Meter Size

This application is used to request a reduction in the size of a City water meter. A reduction in size is subject to approval by the Public Works Department and requires payment of the applicable fee. It is the responsibility of the property owner or account holder requesting the reduction to verify that the requested meter size will provide sufficient flow and pressure to comply with code requirements and meet the needs of the occupants of the property. A request to change back to a larger size will require payment of an additional fee. City reserves the right to change the meter size if it is determined that the meter's flow rate is outside the manufacturer's recommended range.

The following maximum operating flow rates for City meters are provided for information only. Customers are encouraged to seek the advice of a trained professional to be sure that any reduction in meter size is appropriate for their particular property.

Meter Size	Maximum Flow Rate (gpm)
5/8"	20
3/4"	30
1"	50
1 1/2"	100
2"	160

(Contact Water Resources Division for larger sizes)

Please attach a copy of your most recent water bill.

Name of Applicant: _____

Phone Number: _____

Name of Property Owner: _____

Phone Number: _____

Service Address: _____

Account Number: _____

Current Meter Size: _____

Requested Meter Size: 5/8" 3/4" 1" 1 1/2" 2"

Current Meter # (Please read this directly from your meter, not from your water bill): _____

I declare, under penalty of perjury, that I am the owner, or authorized agent of the owner, of the property identified above and that the information provided herein is accurate and true to the best of my knowledge. I understand that it is my responsibility to determine that the requested meter size complies with code requirements and will provide adequate flow and pressure for the property. I also understand that an additional fee will be required to change back to a larger size meter.

Signature: _____

Date: _____

Name: _____

Submit completed application to the Public Works Counter, 630 Garden Street

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Route to Water Resources Division for approval prior to issuance of work order.

Water Resources Division Approval: _____

Date: _____

Work Order Written By: _____

Date: _____

Distribution: Return application to Water Resources Division after Work Order is issued.

Fixture Unit Determination Chart

Water Account Classification (check applicable box):

 Single Family Residential

 Multifamily Residential

 Commercial/Industrial

 Other Purposes (describe)

_____ Total number of dwelling units on property _____

_____ Number of dwelling units served by subject water meter _____

 This property is located outside the Santa Barbara City Limits (property is in the County).

Note that properties located in the County of Santa Barbara must have a minimum meter size of 3/4".

It is the property owner's responsibility to determine the appropriate meter size for the subject property. This worksheet is simply to assist our staff in determining if your meter reduction request is feasible before we charge you an applicaiton fee. Please work with a certified plumber to determine the appropriate meter size for the subject property. An additional, sizable fee will apply if the requested meter size is inadequate and the meter must be changed back to its original size. Please indicate the number of fixtures on your property. Only include fixtures that are served by the subject meter you are proposing to reduce.

Types of Fixtures

Quantity

Bar Sink	_____
Bathroom sink (lavatory).....	_____
Bathtub or Combo Bath/Shwr.....	_____
Bidet.....	_____
Clinic Sink	_____
Clotheswasher (Domestic)	_____
Dental Unit (Cuspidor)	_____
Dishwasher (Domestic)	_____
Drinking Fountain or Watercooler	_____
Hose Bibb	_____
Kitchen Sink (Domestic)	_____
Laundry Sink	_____
Mobile Home (Ea.)	_____
Service Sink or Mop Basin	_____
Shower	_____
Toilet (1.28 GPF).....	_____
Toilet (1.6 GPF Flushometer Tank).....	_____
Toilet (1.6 GPF Flushometer Valve).....	_____
Toilet (1.6 GPF Gravity Tank).....	_____
Toilet (3.5 GPF Flushometer Valve).....	_____
Toilet (3.5 GPF Gravity Tank).....	_____
Urinal (>1.0 GPF).....	_____
Urinal (1.0 GPF).....	_____
Urinal (Flush tank).....	_____
Whirlpool Bath or Combo Bath/Shwr.....	_____

Irrigation System

The irrigation system on my property consists of (check all that apply):

 Drip

 Sprinklers

 Microsprays

 There is no irrigation system on my property

Please indicate the number of sprinkler heads in the irrigation zone with the largest number of sprinkler heads. (E.g. if you have three zones with 10, 8, and 5 sprinkler heads respectively, you would indicate 10 sprinkler heads.)

_____ # of sprinkler heads

- Is the irrigation system on your property served by a dedicated irrigation meter?..... Yes / No

- Are you proposing to install a dedicated irrigation meter for you irrigation system?..... Yes / No