



CITY OF GLENDALE

WATER SUPPLY INFORMATION REQUEST FORM

*If you need assistance completing this form call either 818/ 548-2062 or 818/ 548-3207.
You may use your own company letterhead if all of the information we ask for is included.*

Requestor's Information

Your Name	
You are the	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor <input type="checkbox"/> _____
Company Name	
Email	
Landline Phone	
Mobile Phone	
FAX	
Check one	I prefer to receive the information by <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> either one

Project Information

Project Address
Cross Street
APN (for undeveloped sites)

What Information Do You Need? (check one)

<div style="background-color: black; color: white; text-align: center; padding: 5px;"><input type="checkbox"/> STATIC PRESSURE</div> <p>For purpose of</p> <p><input type="checkbox"/> Plumbing design</p> <p><input type="checkbox"/> Fire sprinkler design for single family homes < 5,000 sq. ft.</p> <p><input type="checkbox"/> other:</p> <p style="background-color: yellow; padding: 10px;"> Submit form to Glendale Water and Power / Water Engineering (GWP) in person, by mail, or by fax: 141 N. Glendale Ave. 4th Level Glendale, CA 91206 FAX 818-240-4754 <i>Telephone 818/ 548-2062</i> </p>	OR	<div style="background-color: black; color: white; text-align: center; padding: 5px;"><input type="checkbox"/> WATER FLOW</div> <p>For purpose of</p> <p><input type="checkbox"/> Determining fire flow</p> <p><input type="checkbox"/> Fire sprinkler design for anything but single family homes < 5,000 sq. ft</p> <p><input type="checkbox"/> other:</p> <p style="background-color: yellow; padding: 10px;"> Submit form to Glendale Fire Department / Fire Engineering (GFD) in person, by mail, or by fax: 633 E. Broadway, Suite 101 Glendale, CA 91206 FAX 818-548-3215 <i>(A fee may be required)</i> <i>Telephone 818/ 548-3207</i> </p>
---	----	--

Project Address: _____

This page to be completed by GWP staff only

Processed by: _____

Date _____

☐ **Project is served by Crescenta Valley Water District. Requestor needs to contact CVWD directly at 818/ 248-3925.**

Water Atlas Page No. _____ **Reservoir service zone** _____

Water Meter size _____ **Service size** _____

The static pressure at the project site is _____ psi. A safety factor of \pm _____ ☐ psi ☐ % shall be taken into consideration.

☐ **YES** ☐ **NO** **This site is subject to high pressure fluctuation when City pumps are in operation. The maximum expected pressure at this site is _____psi when pumps are operating.**

The static pressure indicated was based on:

- ☐ **Existing water service meter elevation of _____ feet, or;**
- ☐ **Approximate street elevation of _____ at street frontage, or;**
- ☐ **Elevation of _____ feet at (describe)_____**

Check one:

- ☐ **This site is in a standard gravity delivery zone.**
- ☐ **This site is in a special pressure regulated zone.**
- ☐ **This site is in a direct-pressure pumping system.**

The information is provided to the best to our knowledge, assuming normal water delivery conditions. It shall only be utilized for the project requested. Information more than six months old requires re-evaluation.