



ADU-WATER METER APPLICATION

SEND REQUEST TO

aduwmsreqs@ggcity.org

carinad@ggcity.org for Technical Information

aliciah@ggcity.org for Permit Status

MAIN DWELLING ADDRESS _____

BUILDING PLAN CHECK NO: _____ APPROVED? Y____ N____

ADU ADDRESS _____

APPLICANT NAME _____

CONTRACTOR SHALL HAVE AN A or C-34

CONTRACTOR NAME & LICENSE NO. _____

Address _____ City _____ Zip _____

EMAIL ADDRESS _____ CELL _____

BOTH FIELDS ARE REQUIRED

Sq Ft of Proposed ADU _____

Sq Ft of Main Dwelling Prior to any Alteration or Additions _____

REQUIRED

**11 X 17 SITE PLAN SHOWING METER SIZE AND LOCATION
WITH APPLICATION
NO APPLICATION WILL BE PROCESSED WITH OUT A SITE PLAN**

SECTION FOR CITY ONLY:

APPROVED: YES NO

COMMENTS: _____

NAME _____ DATE _____