



CITY OF BLOOMINGTON UTILITIES

600 E Miller Drive, Bloomington, IN 47401

www.bloomington.in.gov/utilities

Phone: 812-339-1444

Utility Project Review Application – Remodels/Renovations

- This form must be completed (front & back) and submitted to City of Bloomington Utilities for plan submission and review.
- The Site, Utility, and Plumbing Plans must accompany this form for project review to be initiated. If you do not have these items, please contact our office for further instructions.
- All documents should be emailed to CBU at UtilitiesPlanReview@bloomington.in.gov. Typical review timeframes are 2-4 weeks depending upon each project’s complexity and where they fall within the queue.
- If you have additional questions, please visit our website for more detailed information: www.bloomington.in.gov/utilities/review.

Construction may not begin until an approval has been issued by City of Bloomington Utilities and any other applicable agencies.

Project Name _____ **Mon. Co. Permit #:** _____

Project Location _____

Project Description _____

(Check all that apply for your project)

Any Site Improvements/Changes:

Total Acreage Disturbed: _____ acres

Current Property Type:

Commercial Industrial / Manufacturing Restaurant Brewery/Distillery Residential

Will there be a change of use associated with this project? No Yes; new type: _____

Exterior Property Changes Planned (Non-Utility Items Only):

Building or Structure Addition / Pool / Deck / Fence Landscaping Changes Other _____

Existing Building Renovations Include:

Change of Ownership Restaurant Remodel Code Compliance Fire Restoration/Rebuild
 Grease Interceptor Installation Backflow Device Installation Changes or Updates to Existing Plumbing
 Fire Line Installation Irrigation System Installation Service Upgrade (Increased Demand Needs)

Applicant / Project Manager:

Company: _____

Contact Name: _____

Email: _____

Phone: _____

Engineering / Architect / Designer:

Company: _____

Contact Name: _____

Email: _____

Phone: _____

Property Owner / Developer:

Company: _____

Contact Name: _____

Email: _____

Phone: _____

Contractor / Plumber / Other Interested Party:

Company: _____

Contact Name: _____

Email: _____

Phone: _____

(see reverse side)

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PLUMBING FIXTURE COUNT

ADDRESS _____

Are most of the fixtures listed, for public use? YES NO

Are water closets and urinal predominantly Flushometers? YES NO

Pre-remodel # OF EACH	Post remodel # OF EACH	<u>TYPE OF FIXTURE</u>
_____	_____	Bathroom Sink
_____	_____	Bathtub/Shower Combo
_____	_____	Bathtub only
_____	_____	Bar Sink
_____	_____	Bidet
_____	_____	Clothes Washer
_____	_____	Cuspidor
_____	_____	Direct line connection Coffee/Tea Maker
_____	_____	Dishwasher, residential
_____	_____	Dishwasher, Commercial
_____	_____	Disposal, Commercial Spray
_____	_____	Drinking Fountain
_____	_____	Fountain Drink Dispenser
_____	_____	Hose Bib (outside hose connect)
_____	_____	Ice Maker, residential
_____	_____	Ice Machine, Commercial
_____	_____	Kitchen Sink, residential
_____	_____	Kitchen Bay Sinks, (# of bays, Commercial)
_____	_____	Laundry Tub
_____	_____	Shower Head - shower stall only
_____	_____	Service/Mop Sink
_____	_____	Urinals, Pedestal
_____	_____	Urinals, Wall
_____	_____	Urinals, Tank
_____	_____	Toilet, (with tank)
_____	_____	Toilet, Flushometer (tankless)
_____	_____	Wash/Janitorial Sink

Please list, in GPM, any continuous demand needs and their purpose:
