



CITY OF PORTLAND  
Stormwater  
Management  
Manual

**FORM 6**

**SOURCE CONTROL**  
**SUBMETER APPLICATION**  
**CONSTRUCTION AND GROUNDWATER DISCHARGE**

*(for official use only)*

Date Application Received (Month/Day/Year) : \_\_\_\_\_

Receiving Sewer Type:  Sanitary/Combined  Storm

Meter Type:  Odometer  Digital

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Building Permit Application Number: \_\_\_\_\_

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ City/State/Zip : \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Anticipated Construction Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Will ongoing dewatering activities occur onsite once construction is complete?

Yes (Complete Section 1 and 2 Below)

No (Complete Section 1 Only)

**BILLING INFORMATION**

Have you opened a sewer account with Portland Utilities?

Yes Account No: \_\_\_\_\_

No Contact City (503-823-7856) to set up an account.

**Section 1—Contact Information During Construction**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section 2—Contact Information Post-Construction**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**METER INFORMATION**

City Code 17.36.050 – ALL meters shall register in cubic feet

Meter Serial Number	Meter Dials	Stationary Zeros	Install Read
No. 1 : _____	1: _____	1: _____	1: _____
No. 2 : _____	2: _____	2: _____	2: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_