



FATS, OILS & GREASE (FOG) PERMIT APPLICATION

APPLICANT (OWNER) NAME: _____

FACILITY NAME: _____ PHONE: _____

FACILITY ADDRESS: _____

TYPE (Circle any that apply): SIT-DOWN TAKE-OUT DRIVE-THROUGH

MAXIMUM SEATING CAPACITY: _____ MAXIMUM HOURS OF OPERATION PER DAY: _____

Table with columns: TYPE OF FOOD PREPARATION, YES, NO, TYPE OF EQUIPMENT. Rows include Deep Frying, Pan Frying, Grilling, Heating, Baking, Pre-prepared Food Assembly, 3-Compartment Sinks, Other Sinks, Garbage Disposal, Dishwasher, Grease Trap or Interceptor.

I hereby certify that the above information is correct and that changes in any of the above information will require a re-application and possible increase in the size or type of grease trap required. I also agree to have the grease interceptor cleaned by a certified grease trap cleaning company at a minimum of once a month, or more frequently if needed, to maintain the grease interceptor in a proper operating condition. This permit is valid only for the specific facility, ownership, processes and operations indicated above. As such, it cannot be sold, transferred or reassigned. There is a \$60 annual fee for FOG Permits, due at the time of application; annual renewals are due August 1st.

PLEASE PROVIDE A SKETCH OF THE PLUMBING AT THE FACILITY SPACE HAS BEEN PROVIDED ON PAGE 2 OF THIS APPLICATION

SIGNATURE: _____ DATE: _____

NAME (PRINT): _____

Requirements section containing: REQUIREMENTS (TO BE COMPLETED BY CITY STAFF), IN-GROUND GREASE INTRCEPTOR, UNDER-THE-SINK GREASE TRAP, NUMBER OF SEATS =, ESTIMATED FLOW/SEAT =, RETENTION TIME (RT) =, STORAGE FACTOR (SF) =, SIZE = (# SEATS) X (EST. FLOW/SEAT) X (RT) X (SF), TYPE: IN-GROUND INTERCEPTOR GAL, UNDER-THE-SINK GPM, SPECIAL REQUIREMENTS: (THIS LOCATION IS SERVED BY WATER AND SEWER), SIGNATURE: DATE:

PROVIDE A SKETCH OF THE PLUMBING AT THE FACILITY BELOW
PLEASE INCLUDE SINK, GREASE REMOVAL DEVICE, BATHROOM, AND DRAIN LOCATIONS