



Grease Trap Permit Application

A. Application Type (Select One)

New or First Time Permit Application Renewal of Existing Permit Request to Modify Existing Permit

Date: _____ Annual Renewal Date: _____

B. Ownership Information

Owner: _____

Owner Mailing Address: _____

Authorized Representative Name: _____ Title: _____

Authorized Representative Email: _____ Phone No.: _____

C. Facility Information (please list the contact person who will be responsible for managing the grease control permit)

PLEASE NOTE THE CONTACT PERSON WILL NEED TO BE ABLE TO BE REACHED 24 HOURS A DAY

Facility Name: _____

Facility Address (Street, City, Zip): _____

Phone No. _____

Facility Contact Person: _____ Title: _____

Contact Person Email: _____ Phone No.: _____

Facility Use (Ex. Apartment, Bakery, Restaurant): _____

D. Fats, Oils & Grease (FOG) Control Device Information

Type (Grease Trap or Interceptor): _____

Size and Location (if known): _____

E. Signature

The undersigned authorized representative of (print name of owner) _____ is fully aware that the statements made in this application for a grease trap permit are true, correct and complete. The undersigned understands that discharges of FOG to the public sanitary sewer system may affect or hinder the operation of the public sanitary sewer system and may be a violation of the City code. It is further acknowledged that a permit, if granted by the City, is not transferable and that notification shall be provided to the City upon sale, change of ownership or relocation of the permitted facility.

Name of Authorized Representative

Signature of Authorized Representative

Date