



**ENVIRONMENTAL COMPLIANCE DIVISION
FATS, OIL AND GREASE DISCHARGE PERMIT APPLICATION FORM**

Note: Please read all attached instructions prior to completing this application.

RETURN THIS FORM TO: GREASE MANAGEMENT PROGRAM
 WATER RESOURCES DEPARTMENT - ECD
 1650 THIRD AVENUE NORTH
 ST. PETERSBURG, FLORIDA 33713

SECTION A – GENERAL INFORMATION

1. Facility Name: _____

2. Facility Street Address: _____
City: _____ State: _____ Zip: _____

3. Business Mailing Address: (if different from 2. above) **DO NOT USE P.O. BOX**
Street: _____
City: _____ State: _____ Zip: _____

4. Owner of Premises (if different than facility):
Name: _____
Address: _____
Telephone number: _____

5. Designated signatory authority of the facility: _____
[See instructions]

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____

6. Designated facility contact:
Name: _____
Title: _____
Telephone number: _____

SECTION B – WATER SUPPLY ****Attach a copy of your most recent water bill.***

1. Name as it appears on water bill: _____
Additional name, (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

2. Water Service Account Number(s): _____

SECTION C – FACILITY OPERATIONAL CHARACTERISTICS

1. Please choose one description that best describes your facility.

- | | |
|--|--|
| <input type="checkbox"/> Fast food restaurant | <input type="checkbox"/> Nursing home/ACLF |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Drive through (only) Restaurant | <input type="checkbox"/> School |
| <input type="checkbox"/> Seasonal Restaurant | <input type="checkbox"/> Club/Organization |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Company / Office Building |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Other _____ |

2. Please indicate each item that you currently have in your facility and the quantity of each:

- | | |
|---|--|
| <input type="checkbox"/> Grill _____ | <input type="checkbox"/> Tilt Kettle/Crock Pot _____ |
| <input type="checkbox"/> Oven _____ | <input type="checkbox"/> Garbage Disposal _____ |
| <input type="checkbox"/> Dishwasher _____ | <input type="checkbox"/> 3 Bay Pot Sink _____ |
| <input type="checkbox"/> Pre rinse Sink _____ | <input type="checkbox"/> 2 Bay Pot Sink _____ |
| <input type="checkbox"/> Mop Sink _____ | <input type="checkbox"/> Single Bay Sink _____ |
| <input type="checkbox"/> Deep Fryer _____ | <input type="checkbox"/> Other Equipment _____ |

3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, sinks, floor drains, dishwashers, restrooms, etc. (see instructions for additional information).

4. What is the seating capacity at your facility? _____

5. What are the days and hours of operation? _____

SECTION D – WASTEWATER DISCHARGE INFORMATION

1. Please check the item which best describes your current wastewater discharge.

- Existing Sewer Discharge Proposed (new) Sewer Discharge
 Existing Septic System

2. Are there any changes or expansions planned in the next three years that could alter the wastewater volumes or characteristics?

- Yes No

3. If yes to question 2 above briefly describe these changes and their effects on the wastewater volume and characteristics. (Attach additional sheets if needed.)

SECTION E – TREATMENT

1. Do you have a grease interceptor or grease trap? (see instructions for definitions)

- Interceptor Trap Both None

2. Complete the following for all grease removal device(s):

- a. Make and Model: _____
 Location (kitchen, parking lot, etc): _____
 Capacity of grease removal device (in gallons): _____
- b. Make and Model: _____
 Location (kitchen, parking lot, etc): _____
 Capacity of grease removal device (in gallons): _____

3. If the **INDOOR** grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?

- Trash
- Contractor disposes of grease
- Recycle
- Other explain: _____

4. If a contractor(s) cleans the **INDOOR or OUTDOOR** grease removal device(s), please list the following:

a. Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____

b. Contractor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____

5. If your facility has grills/ovens which type of exhaust cleaning system do you use?

- Automatic
- Manual

6. Are there any additives placed in the plumbing, grease interceptor or grease trap (i.e. enzymes, bacteria, etc.?)

- Yes
- No

7. If yes to question 6 above, please complete the following table and attach a MSDS sheet for each product:

LOCATION	ADDITIVE NAME	ADDITIVE FREQUENCY

SECTION F – Recycling

1. Do you recycle the grease produced at your facility?

Yes No

2. If yes, which company or companies recycles your grease?

3. Is there a recycling container on-site?

Yes No

4. If yes to question 2, how many recycling containers are on-site? _____

5. Have pollution prevention measures been implemented?

Yes No

6. If yes, explain briefly the pollution prevention measures that have been implemented.

(Attach additional sheets if necessary). _____

ATTACH A COPY OF YOUR MENU TO THE APPLICATION.

Authorized Representative Statement:

I certify that I have received Section 27-332 through Section 27-340 of the St. Petersburg City Code and understand that all food service facilities must have a grease removal device before discharge of fats, oil and greases to the City of St. Petersburg sanitary sewer system.

I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____

Title: _____

Signature

Date

FOR CITY USE

Application complete _____ Yes _____ No

Date of pre-permit inspection: _____

Service Area FSF located in: 1 2 3 4

Permit to be granted _____ or rejected _____

Explanation for rejection _____

Date: _____

Application Reviewer