

GREASE TRAP/INTERCEPTOR PERMIT

APPLICANT (OWNER) NAME	
FACILITY NAME	PHONE
FACILITY ADDRESS	
TYPE (Circle any that apply) SIT-DOWN TAKE-OUT DRIVE-THROUGH	
MAXIMUM SEATING CAPACITY MAXI	MUM HOURS OF OPERATION PER DAY
TYPE OF DEVELOPMENT (Circle one) REDEVELOPMENT or NEW CONSTRUCTION	
FOOD PREPARATION (check any that apply) Deep Frying Pan Frying Grilling Heating Baking Pre-prepared Food PRETREATMENT (check if present & provide size) Existing Grease Trap gpm or gal I hereby certify that the above information is correct. I am a will require a re-application and possible increase in the siz I agree to have the grease trap/interceptor cleaned/pumped or more frequently if needed, to maintain the grease interce I agree to submit proof to GRU within 7 days of each pumpo If the trap/interceptor is maintained by facility personnel, I maintenance performed within the previous six months. This permit is valid only for the specific facility, ownership, cannot be sold, transferred or reassigned.	e or type of grease trap required. <u>out at the minimum frequency as determined below</u> ptor in proper operating condition. ut of the trap/interceptor by a certified grease hauler. agree to submit to GRU semi-annually a copy of all
Applicant Signature	Date
Applicant Name (print)	
PERMIT REQUIREMENTS (To be completed by GRU Water/Wastewater Engineering) TYPE of TRAP/INTERCEPTOR:IN-GROUND orUNDER-SINK	
SIZE: GAL or GPM PUMPOUT/CI	LEANOUT FREQUENCY =
OTHER REQUIREMENTS: Pumping frequency and grease trap/interceptor size are subject to change with	
change in operations or collection system problems.	
SIGNATURE:	DATE:
Oil & Grease Management Program, PO Box 147117, InterOffice Box A-122, Gainesville, FL 32614-7117 Fax: 352-334-2752, Phone: 352-393-1610	
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