

**SANFORD SEWERAGE DISTRICT**  
**FATS, OILS, AND GREASE (FOG) PERMIT APPLICATION**

SECTION A – ESTABLISHMENT INFORMATION	
Name of Establishment _____	Date: _____.
Business Address _____	Tel # _____.
Mailing Address (if different) _____.	
Name and Title of Applicant _____	Tel # _____.
Address of Applicant _____.	
E-mail _____.	
Name of Owner (if different from Applicant) _____.	

SECTION B- FACILITY OPERATIONAL CHARACTERISTICS						
Type of Establishment: (check all that apply)		<input type="checkbox"/> Retail (_____ sq. ft.)	<input type="checkbox"/> Food Delivery	<input type="checkbox"/> Food Service (_____ seats)	<input type="checkbox"/> Food Service – Takeout	<input type="checkbox"/> Caterer
		<input type="checkbox"/> Food Services – Institution (_____ meals/day)	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Other: _____		
Establishment Open:		<input type="checkbox"/> Year-Round	<input type="checkbox"/> Seasonal			
List the hours of operation:						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

Number of meals or customers served per day (Year-around establishments, please fill in both.):

<b>In Season (May-Oct)</b>	<b>Off Season (Nov- April)</b>
_____ Meals/Customers per day	_____ Meals/Customers per day

Indicate the quantity of each item that you currently have or will install in your facility:

_____ Grill	_____ Deep Fryer	_____ Hand Sink	_____ 3 Bay Pot Sink
_____ Oven	_____ Floor Drains	_____ Pre-Rinse Sink	_____ 2 Bay Pot Sink
_____ Dishwasher	_____ Garbage Disposal	_____ Mop Sink	_____ Single Bay Sink
_____ Tilt Kettle/Crock Pot	_____ Other Equipment	_____	_____

SECTION C- GREASE TRAP/INTERCEPTOR INFORMATION				
GREASE TRAP/INTERCEPTOR INFORMATION				
Please enter information for each separate unit you may have on site.				
Make/Model	Size (GPM & Grease Capacity in Lbs.)	Location	Approx. Age	Company or Party Responsible for Cleaning

GREASE DISPOSAL/HAULER OR GREASE RECYCLER INFORMATION	
Name _____	Tel# _____.
Name _____	Tel# _____.

**SANFORD SEWERAGE DISTRICT**

**SECTION D – BEST MANAGEMENT PRACTICES**

Best Management Practices (BMP's) should be implemented by the permittee to protect your facility/plumbing from clogs and to better protect our waterways. More information on BMP's is available in the FOG section of the Sanford Sewerage District (SWD) website: <https://www.sanfordsewerage.org>

**CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application, and affirm that 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. I certify that upon approval of the permit, this establishment's operation and its resultant wastewater discharge will achieve consistent compliance with the Sanford Sewerage District's Regulations for Governing the Use of Public and Private Sewers and applicable federal, state and local wastewater discharge requirements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_.

*Please be aware that per the Sanford Sewerage District's Regulations, the District has the right to inspect the facility at any time, with or without prior notice, to ensure that all requirements of this FOG Ordinance and all other Federal, State, and local wastewater discharge requirements are being met.*

**THIS SECTION TO BE COMPLETED BY SANFORD SEWERAGE DISTRICT STAFF**

Date of Inspection: \_\_\_\_\_

Parties Present for Inspection: \_\_\_\_\_

Grease Trap/Interceptor properly installed with all parts?  Yes  No

If "No," what is the issue? \_\_\_\_\_

Are all fixtures properly hooked to the Trap/Interceptor?  Yes  No

If "No," what is the issue? \_\_\_\_\_

Is the information provided on the Trap(s)/Interceptor(s) correct?  Yes  No

If "No," have corrections been made? \_\_\_\_\_

**GREASE PRODUCTION**

Menu Type: \_\_\_\_\_ Grease Factor Group  A  B  C  D

Capacity of Trap/Interceptor in lbs. \_\_\_\_\_

**IN SEASON**

Grease Factor per Meal \_\_\_\_\_ x \_\_\_\_\_ # of Meals per Day = \_\_\_\_\_ **Total lbs. of Grease/Day**

Based on Grease Produced and Capacity, Cleanings are required \_\_\_\_\_  Daily  Weekly  Monthly

**OFF SEASON**

Grease Factor per Meal \_\_\_\_\_ x \_\_\_\_\_ # of Meals per Day = \_\_\_\_\_ **Total lbs. of Grease/Day**

Based on Grease Produced and Capacity, Cleanings are required \_\_\_\_\_  Daily  Weekly  Monthly

Acceptable Permit Conditions?  Yes  No Fee Paid?  Yes  No

Signature of the SSD Representative \_\_\_\_\_ Date \_\_\_\_\_

**ACCEPTANCE OF PERMIT**

I acknowledge and accept the required operation and maintenance schedule of the grease/trap/interceptor as stated above and will comply with these requirements as a condition of this permit. This permit is valid for one (1) year from the date of acceptance.

Signature of Permittee \_\_\_\_\_ Date \_\_\_\_\_