FATS, OILS, GREASE (F.O.G) Plumbing Application Form

PERMIT NUMBER:

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| TYPE OF WORK |
| COMMERCIAL |
| JOB SITE INFORMATION AND LOCATION |
| Job Address: |
| City/State/ZIP: |
| Subdivision: | Lot: |
| DESCRIPTION OF WORK |
|  |
| BUSINESS NAME |
| Name: |
| Address: |
| City/State/ZIP: |
| Phone: ( ) | Fax: ( ) |
| CONTRACTOR |
| Business name: |
| Address: |
| City/State/ZIP: |
| Phone: ( ) | Fax: ( ) |
| CCB license. no.: |
| Print Name: |
| Signature Date |

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| CHECKLIST |
| Site Plan/Floor Plan/Schematic |  |
| NewRetrofit |  |
| Hydro-MechanicalGravity |  |
| Manufacturer’s “Cut Sheet” |  |
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| LIST OF ALL FIXTURES TO BE CONNECTED TO GREASE INTERCEPTOR: | FIXTURE UNITS |
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