



"The Bedding Plant Capital of Connecticut"

TOWN OF CHESHIRE

WATER POLLUTION CONTROL AUTHORITY (WPCA)

84 South Main Street • Cheshire, Connecticut 06410
Phone: 203-271-6650 • DPWengineering@chshirect.org

Office Use Only	
Date Rec.	_____
Permit. No.	_____
Total Fee:	_____

FATS, OILS and GREASE (FOG) PERMIT APPLICATION

PLEASE COMPLETE ALL PARTS BELOW. *INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.*

TYPE OF APPLICATION: *(Check Only One)*

- New FOG Permit and FSE Registration (\$75.00)
- Annual Renewal for Maintenance & Inspection (\$75.00) (Permit Number: _____)
- Variance Request
- Reporting of Discharge Violation

FOOD ESTABLISHMENT INFORMATION:

_____	FSE CLASS: <i>(Check one)</i> <input type="checkbox"/> CLASS III <input type="checkbox"/> CLASS IV
Name of Food Establishment	
_____	_____
Street Address of Food Establishment	Website

PERMITTEE INFORMATION:

Name: _____ Phone: _____

Company Name: _____

Mailing Address: _____

Email: _____

OWNER INFORMATION: *(If Not Permittee)*

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

FACILITY DETAILS: *(Check and Fill in all that Apply)*

Active Automatic Grease Removal Units (AGRU) installed:

Type: _____

Model: _____

Installation Date: _____

Condition: NEW GOOD FAIR POOR

Passive (Exterior Tank) installed:

Size (Gallons): _____

Location: _____

Installation Date: _____

Condition: NEW GOOD FAIR POOR

Number of Bedrooms _____ Estimated Daily Flow in Gallons per Day _____

Provide number of each item(s) below within the facility:

Fryolators: _____ Grills: _____ Ovens: _____ Tilt Kettles: _____

Wok Stations: _____ Mop Sinks: _____ Garbage Disposal: _____ Dishwashers: _____

Pre-Rinse Sinks: _____ Single Bay Sinks: _____ 2-Bay Sinks: _____ 3-Bay Sinks: _____

DOCUMENTS REQUIRED:

- Copy of Menu
- Kitchen Plumbing Plan
- AGRU Details & Sizing Calculations

VARIANCE: *(This section to be filled out only if a Variance is being Requested)*

VALID FOR 3 YEARS

The Town of Cheshire may grant a variance of treatment requirements for a period of three years. This variance serves as a waiver of the treatment requirements of Sections 5(b)3, inclusive, of the Department of Energy and Establishments. The applicant must demonstrate there is a limited potential for fats, oils, and grease in the discharge, as well as minimal flow. If the Town of Cheshire encounters any grease problems in the sewer infrastructure in the establishment, the Town of Cheshire has the right to revoke any variances issued.

Type of Variance Requested: Equipment Treatment

Reason for Variance: _____

DISCHARGE VIOLATION: *(This section to be filled out only for reporting a violation of the FOG Permit)*

Discharge Violations must be reported immediately within five (5) days of occurrence.

Date of Accidental Discharge: _____

Cause of Accidental Discharge: _____

Material Discharge: _____

Estimated Volume of Discharge: _____

Corrective Actions Taken: _____

Date Corrective Actions were taken: _____

ACKNOWLEDGEMENT: *(All Applications)*

I/We hereby acknowledge that this application and statements submitted herewith are true to the best of my/our knowledge and approval of the application is contingent upon compliance with all requirements of town regulations and ordinances; and

I/We have reviewed, understand, and will comply with The Town of Cheshire Sewer Regulations and Ordinances; and will provide such other data or information as may be requested by the Director or the WPCA as they deem necessary to decide on the application; and

Official representatives and agents of the Town of Cheshire are authorized to enter the property, at reasonable times, for purposes of inspection, observation, measurement, sampling, and testing.

Printed Name:

Signature:

Date:

Permittee

Owner