

City of Middletown
Water and Sewer Department
Fats, Oil and Grease Discharge Permit Application

Food Service Establishment (FSE)

FSE Name: _____ FSE Class: III IV
Address: _____
City: _____ State: _____ Zip Code: _____
Website: _____ E-mail: _____
Owner Name: _____
Address (if different from above): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____

Building Owner

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____

Grease Removal Device

Active (AGRU)

Type: _____ Model: _____
Installation Date: _____ Condition: New Good Fair Poor
Capacity (gpm): _____

Passive (Exterior Only)

Size (gallons): _____ Location: _____
Installation Date: _____ Condition: New Good Fair Poor

None

De Minimis Permit Requested – Department Approval Required

Rendering Company

Company Name: _____ Phone Number: _____

Grease Removal Device - Continued

General Information

How often is the FOG Pretreatment unit cleaned?

Daily Quarterly Other _____

Check each of the items below that are present in your kitchen facilities:

- | | | | | |
|-----------------------|-----------------------------|------------------------------|-------------|-------|
| A. Fryolators | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| B. Grills | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| C. Ovens | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| D. Tilt Kettles | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| E. Garbage Grinder | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| F. Three-Bay Pot Sink | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| G. Two-Bay Sink | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| H. Single-Bay Sink | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| I. Pre-rinse Sink | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| J. Dishwasher | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| K. Mop Sink | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |
| L. Wok Station | <input type="checkbox"/> No | <input type="checkbox"/> Yes | - How Many? | _____ |

Documentation Required

Required

- Attach a copy of the menu
- New Devices - Attach a site and kitchen plumbing plan, grease trap or AGRU detail, and sizing calculations. (See Middletown FOG Sewer Ordinance for technical details.)

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in revocation of any associated permits.

Signature: _____ **Date:** _____

Department Use Only

Receipt No. _____	Date of Payment: _____
Inspection Date: _____	Inspected By: _____
Service No.: _____	_____
Notes: _____	_____

FOG Permit No.: _____ Date Issued: _____