



SANITARY & STORMWATER

**FOG CONTROL DEVICE  
PERMIT APPLICATION**

**A. APPLICATION TYPE (select one)**

\_\_\_\_\_ New Business/Operator      \_\_\_\_\_ Transfer of Ownership or Name Change of Existing Facility      \_\_\_\_\_ Modification of Existing Permitted Facility

**B. APPLICANT INFORMATION**

Applicant (corporation, LLC, LLP, sole proprietor) \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**C. FACILITY INFORMATION**

Facility Address \_\_\_\_\_

Facility Phone \_\_\_\_\_ Email \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_

Select the use that best describes the facility:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Apartment/Condo     | <input type="checkbox"/> Café/Coffee Shop              | <input type="checkbox"/> Fast Food Restaurant         |
| <input type="checkbox"/> Bakery              | <input type="checkbox"/> Cafeteria                     | <input type="checkbox"/> Full Service Restaurant      |
| <input type="checkbox"/> Banquet Hall        | <input type="checkbox"/> Catering                      | <input type="checkbox"/> Nursing Home/Assisted Living |
| <input type="checkbox"/> Butcher/Meat Market | <input type="checkbox"/> Convenience Store/Gas Station | <input type="checkbox"/> Supermarket/Grocery Store    |
| <input type="checkbox"/> Other               |  | <input type="checkbox"/> Take-Out Restaurant          |

Food Preparation

- Deep Frying
- Pan Frying
- Grilling
- Baking
- Heating
- Pre-prepared Food

Kitchen Equipment

- Dishwasher      Rated Flow \_\_\_\_\_ gpm
- Garbage Disposal
- 3-Compartment Sinks      Quantity \_\_\_\_\_
- Inside Dimensions      D x      W x      L
- Total # of Kitchen Sinks \_\_\_\_\_
- Total # of Floor Drains \_\_\_\_\_

Number of Seats \_\_\_\_\_

Drive-Thru Lanes: \_\_\_\_\_ Yes      \_\_\_\_\_ No



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**FATS, OILS, AND GREASE CONTROL DEVICE INFORMATION**

List all FOG Control Devices serving the facility

#	Make & Model	Existing or Proposed?	Capacity (gpm or gallons)	Location (indoor or outdoor)

Attach calculations used to determine size of each device.

**D. CERTIFICATION BY APPLICANT**

The undersigned authorized representative of (name of applicant) \_\_\_\_\_ certifies that the statements made in this application for an operating permit are true, correct, and complete. The undersigned understands that it is a violation of the Hobart Sewer Ordinance to discharge Fats, Oils, and Grease to the public sanitary sewer that exceed the discharge limits stated in the ordinance or in quantities that may affect or hinder the operation of the collection, transmission, or treatment of wastewater. The undersigned certifies that he/she is fully aware that the submittal of a permit application does not guarantee issuance of a FOG Discharge Control permit until it is determined that the permit application is complete and a FOG Control Device is approved by HSD for the facility. It is further acknowledged that a permit, if granted by HSD, is not transferrable and that notification shall be provided to HSD upon the sale, change of ownership, or relocation of the permitted facility.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**E. CERTIFICATION BY PROPERTY OWNER**  
(required if applicant is not the property owner)

The undersigned authorized representative of (legal property owner name) \_\_\_\_\_ is fully aware that it is a violation of the Hobart Sewer Ordinance to discharge Fats, Oils, and Grease to the public sanitary sewer that exceed the discharge limits stated in the ordinance or in quantities that may affect or hinder the operation of the collection, transmission, or treatment of wastewater. The undersigned certifies that the operation and maintenance (cleaning) of the FOG Control Device serving the facility is (select one option below):

\_\_\_\_\_ the responsibility of the Legal Property Owner.

\_\_\_\_\_ the responsibility of the Applicant listed in Sections B and D of this form.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Office use only

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

Amount Paid \_\_\_\_\_