



**APPLICATION TO INSTALL AND/OR DISCHARGE VIA A GREASE TRAP / INTERCEPTOR**

**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **Unit/Suite:** \_\_\_\_\_  
**Owner Name:** \_\_\_\_\_  
**Owners Address:** \_\_\_\_\_ **Unit/Suite:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Owner Representative:**      **Name:** \_\_\_\_\_      **Firm:** \_\_\_\_\_  
    **Phone:** \_\_\_\_\_      **Email:** \_\_\_\_\_

**Please Provide the Following Information:**

Seating Capacity: _____	Hours / Day of Operation: _____
Expected Servings / Day: _____	Circle Service:    Breakfast    Lunch    Dinner
# of Expected Peak Hr. Servings: _____	Size of Establishment (Sq Ft): _____
Size of Existing Trap ( <b>Gallons</b> ): _____	Building Former Use: _____

**Size / Number of Kitchen Units Served by Interceptor:**

<u>Size / number</u> <small>(L x W x D)</small>	<u>Type of unit</u>	<u>Size / Number</u> <small>(LxWxD)</small>	<u>Type of unit</u>
___/___/___( )	Single compartment scullery sink	___/___/___( )	Mop Sink
___/___/___( )	Double compartment scullery sink	___/___/___( )	Oven (ex: wok)
___/___/___( )	Triple compartment scullery sink	___/___/___( )	Other (attach to application)

- **ALL Kitchen Sinks/Wok Ovens etc. used for cleaning and/or food preparation/cooking that discharge to the sanitary sewer must be routed via a grease interceptor. Dishwashers must NOT be connected.**

**Submit with the Application:**

- **\$30.00 origination fee (check only - payable to City of Pickens)**
- **Please include a list of foods to be served or a copy of the menu**

1. I certify that the above information is correct to the best of my knowledge. Also, I understand that a \$500.00 permit fee will be prorated over a 60-month period and assessed in my monthly water bill.
2. I certify that the interceptor will be maintained, and employees trained to limit the introduction of fats, oils, and grease into the City of Pickens municipal sewer system.
3. I have read, understand, and comply with the City of Pickens Fats, Oil, and Grease (F.O.G.) Control Program.

Date: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

**Submit application to: City of Pickens Public Works PO Box 217, Pickens SC 29671 or email to [permits@pickenscity.com](mailto:permits@pickenscity.com)**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to maintain compliance with the F.O.G. control program could result in fines or revocation of City of Pickens Business License