



WESTERN VIRGINIA
WATER AUTHORITY

Engineering Services
601 S. Jefferson Street
Suite 300
Roanoke, VA 24011
TELEPHONE (540) 853-5641
FAX (540)853-1017

**FOG (FATS, OILS AND GREASE) DISCHARGE PERMIT
APPLICATION**

Any establishment that participates in preparation or service of food shall complete a FOG Discharge Permit if:	1.)	Constructing a new building/restaurant
	2.)	Opening new business/restaurant in an existing building
	3.)	Renovating/expanding an existing business/restaurant

PERMIT NUMBER ISSUED BY AUTHORITY: _____

PARCEL TAX ID# _____

APPLICATION DATE _____

APPLICANT (OWNER) NAME _____

FACILITY NAME _____

PHONE _____

FACILITY ADDRESS _____

FAX _____ EMAIL ADDRESS _____

PRIMARY COMPANY CONTACT(NOT A&E) _____

TITLE _____

SECONDARY COMPANY CONTACT _____

TITLE _____

BUSINESS ADDRESS (if different from above)

MAILING ADDRESS (if different from above)

CORPORATE (BUSINESS) OPERATING NAME _____

A & E FIRM CONTACT _____ PHONE _____

TYPE (Check any that apply) _____ SIT-DOWN _____ TAKE-OUT _____ DRIVE-THROUGH

RESTAURANT TYPE (Check one) _____ FULL-SERVICE _____ LIMITED-SERVICE

_____ SNACK AND/OR NONALCOHOLIC BEVERAGE BAR _____ DRINKING PLACES

(ALCOHOLIC BEVERAGES) _____ THEATER COMPANIES AND DINNER THEATERS
 _____ INSTITUTIONAL (IF APPLIES) NUMBER OF MEALS SERVED PER DAY _____

MAXIMUM SEATING CAPACITY _____

HOURS OF OPERATION _____ DAYS OF OPERATION _____

APPROXIMATE NUMBER OF PEOPLE SERVED DAILY _____ If serving only occurs
 occasionally; indicate how many weekly, monthly, etc. _____ per _____

TYPE OF DEVELOPMENT (Check one) _____ REDEVELOPMENT _____ NEW CONSTRUCTION

NAME OF COMPANY TO SERVICE INTERCEPTOR _____

INTERCEPTOR SERVICE SCHEDULE (Frequency of cleaning)

IS THERE AN EXISTING GREASE INTERCEPTOR ON THE PROPERTY? _____ YES
 _____ NO IF YES, SIZE: _____ GAL

DOES THIS BUSINESS USE ONLY DISPOSABLE DISHWARE? _____ YES _____ NO

Equipment on Site

(Please circle all that apply and fill in the appropriate information for each piece of equipment.)

Type	Quantity	Equipment Description (Type, Size, Dimensions, and/or Temperature)
Deep Fryer		
Grill		
Commercial Stove/Oven		
Class 1 Vent Hood		
Steam Cooker		
Steam Table		
Tilting Skillet and/or Kettle		
Countertop Fryer		
Wok Stove		
Conveyor Oven		
Residential Stove/Oven		
Dishwasher		
Other: (write-in)		

Grease Interceptor Sizing Information:

1st Drainage Sink	Width Dimension	Length Dimension	Depth Dimension
Compartment 1			
Compartment 2			
Compartment 3			

Drain Size: _____

2nd Drainage Sink

Compartment 1			
Compartment 2			
Compartment 3			

Drain Size: _____

3rd Drainage Sink

Compartment 1			
Compartment 2			
Compartment 3			

Drain Size: _____

4th Drainage Sink

Compartment 1			
Compartment 2			
Compartment 3			

Drain Size: _____

4 Compartment Sink

Pre-rinse			
Wash			
Rinse			
Sanitize			

Drain Size: _____

Meat/Vegetable Prep Sink

Meat Sink			
Vegetable Sink			

Drain Size: _____

Pre-rinse Sink

Compartment 1			
Compartment 2			

Drain Size: _____

Can Wash

Compartment 1			
Compartment 2			

Drain Size: _____

Wok/Tilt Kettle

Diameter – Inches	
Depth – Inches	
Volume, Gallons	

Dishwasher

Manuf. GPM

Grinder/Disposal

Manuf. GPM

Food grinder discharges to _____ Building Sewer Service _____ Grease Interceptor

Have you applied for Virginia Health Department Permit? _____

Attach a copy of the MENU. Applicable to all establishments that provide a printed, posted or publicized menu.

I hereby certify that the above information is correct. I am also aware that changes in any of the above information will require a re-application and possible increase in the size of grease interceptor required.

I also agree to have the grease interceptor pumped out by a certified grease interceptor cleaning company at a frequency that will maintain the grease interceptor in a proper operating condition.

This permit is valid only for the specific facility, ownership, processes and operations indicated above. As such, it cannot be sold, transferred or reassigned.

Owner Signature _____

Date _____

Name (print) _____

Return completed form to: Cassie Altice, Western Virginia Water Authority, 601 S. Jefferson Street, Roanoke, VA 24011.
New construction shall submit copy of civil site plans, and kitchen plans showing all equipment and plumbing.

AUTHORITY APPROVAL SIGNATURE: _____

DATE: _____