



VARIANCE REQUEST APPLICATION

LOCATION INFORMATION

Name: _____

Address: _____

Telephone: _____

Email: _____

Name/Title of contact person: _____

1. Does the facility currently have a grease trap? Yes____ No____

2. If yes to question #1, please answer all of the following

Size _____gallons

Location outside _____ inside _____

Type in-ground _____ under-sink _____

3. How often is trap cleaned? _____per year _____per month_____

• **Requested** cleaning interval _____per year _____per month_____

4. Name/Telephone number of contractor or person who cleans the trap

Name: _____ Telephone #: _____

Letter stating reason for change in usage must accompany this Form.

Print Name: _____

Email: _____

Signature: _____

Date: _____

Incomplete applications will not be accepted.