



**APPLICATION
GREASE INTERCEPTORS AND OIL SEPARATORS**
Indian River County Ordinance No. 90-23



PERMIT No: 31-62-_____

DATE PAID: _____

FEE PAID: _____

CHECK APPROPRIATE BOX:

New Construction Application (\$75.00 Fee) <input type="checkbox"/>	Annual Operating Permit - Application (\$50.00 Fee) <input type="checkbox"/>	Annual Operating Permit Exemption (Complete Form A) (No Fee Required) <input type="checkbox"/>	Variance Application (Complete Form B) (\$50.00 Fee) <input type="checkbox"/>
---------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Name of Establishment: _____

Address: _____

Owner/Agent: _____ Street _____ City _____ State _____ Zip _____ Telephone No: _____

Mailing Address: _____

TYPE OF ESTABLISHMENT: _____
(Attach floor plan, site plan and copy of menu, if applicable)

HOURS OF OPERATION: _____ NUMBER OF SEATS: _____
FULL SERVICE: _____ OR SINGLE SERVICE: _____ OR OTHER: _____ (PLEASE CHECK ONE)

Explain business activities in detail :

APPLICANT'S SIGNATURE: _____ DATE: _____

*******COMPLETE FOR ANNUAL OPERATING PERMIT ONLY*******

Capacity of Interceptor (Gallons): (1) _____ (2) _____ (3) _____

Annual Maintenance Conditions:

1. Permit requires that applicant enter into a contract with a State Approved Wastewater Hauler pursuant to Ordinance No. 90-23 to pump out interceptor according to the following maintenance schedule:

Every 6 months Other (specify) _____
Director Approval Required: _____

2. A representative of the Indian River County Health Department shall be admitted onto the subject premises at reasonable times to inspect the premises and review the records to verify compliance with Ordinance No. 90-23.

3. Solvents shall not be used as a method of grease control.

Name of Licensed Service Company: _____

ANNUAL OPERATING PERMIT GRANTED:

DATE: _____ HEALTH OFFICIAL: _____

FEEES ARE NON-REFUNDABLE - PERMITS NON-TRANSFERABLE & RENEWABLE OCTOBER 1ST EACH YEAR
FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY * ENVIRONMENTAL HEALTH DEPARTMENT
1900 - 27TH STREET
VERO BEACH, FL 32960
Ph: (772) 794-7440