

CONSTRUCTION APPLICATION ANNUAL OPERATING PERMIT OR EXEMPTION RENEWAL GREASE INTERCEPTOR AND OIL SEPARATORS Indian River County Ordinance No. 90-23



PERMIT No: 31-62		DATE PAID: FEE PAID:				
Check the Appropriate Box:						
☐New Construction Application	☐Variance or Exemption Application Initial	☐Annual Operating Permit (see pg. 2)	☐Annual Exemption Renewal (see pg. 2)			
(\$75.00 Fee)	(\$50.00 Fee)	(\$50.00 Fee)	(No Fee Required)			
Name of Establishment:						
Address:Street City State Zip						
		City State Telephone No.:	Zip			
	Telephone No.:					
Type of Establishment:						
 Complete the section below for new permits, change in ownership, change of use or change in operation by providing the following information: ☐ Floor Plan with Equipment Schedule (Attachment) ☐ Site Plan (Attachment) ☐ Menu (Attachment) ☐ Existing: ☐ Proposed Grease Trap: 						
Days of Operation:						
Hours of Operation:						
Number of Inside and	Outside Seats:					
Check one of the following service types: ☐ Full Service ☐ Single Service ☐ Other:						
Describe business activities in detail:						
Applicant Signature:	uno namo and data)	Date: _				

- 1 -<mark>(OVER)</mark>

Have exer	ave there been changes in business operation: cempted? Yes □ or No □ If yes please describ	s since you e changes	ur grease interceptor was permitted or selow:		
Inter	terceptor Capacity (Gallons): (1)	(2)	(3)		
<u>Ann</u>	nnual Maintenance Conditions:				
1.	Permit requires that the applicant enter into pursuant to Ordinance No. 90-23 to pump-often as needed to retain grease onsite.				
2.	A representative of the Florida Department of Health in Indian River County 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.	3. Keep copy of pump-out records onsite.				
4.	4. Solvents shall not be used as a method of	grease cor	ntrol.		
Nar	ame of Licensed Service Company: _				
Atta	ttach copy of last year's pump-out re	<mark>ceipts.</mark>			
	pplicant Initials electronically submitted, type initials)				