



City of Waterford  
101 E Street  
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION  
**FATS, OILS, AND GREASE (FOG)  
WASTEWATER DISCHARGE 1 YR PERMIT**

Please Type or Print  
FEE \$70.00

File No.
Approved
Department Use Only

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For the City of Waterford (COW) to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, the Permit Application Form must be filled out completely. Your application will be returned to you if there is any missing information. Please write N/A if the information being requested does not apply.

The Permit Application must be signed by an official company representative. COW will return your permit application if it is not signed by the proper company official.

The permit fee is due at the time the permit application is submitted. An application received without remittance will be returned. All required Drawings, Information, and Waiver or Variance request (if applicable) must be submitted with this application.

COW **will not** process incomplete Permit Applications. Please refer to the information packet for **additional information**. Clearly print or type the information requested.

**SECTION 1    General Information**

A. APPLICANT (Corporation or Food Service Establishment Name)

B. DOING BUSINESS AS (Food Service Establishment Name used at Sewer Service Address Listed Below)

C. SEWER SERVICE ADDRESS (Street, City, State, Zip Code)

D. PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

E. IS YOUR ESTABLISHMENT A     SOLE PROPRIETORSHIP     PARTNERSHIP     CORPORATION

F. NAME OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER

Name

Title

Street

City

State

Zip Code

Phone Number

Fax Number

G. NAME OF DESIGNATED REPRESENTATIVE AND SIGNATORY FOR THE FACILITY WHO CAN BE SERVED WITH NOTICES AND IS RESPONSIBLE FOR SIGNING ALL CORRESPONDENCE AND REPORTS. **ALL CORRESPONDENCE, INCLUDING CERTIFIED MAIL, WILL BE SENT TO THIS REPRESENTATIVE:**

Please check if this is the same person identified in Line F or provide the information below:

Name

Title

Street

City

State

Zip Code

Phone Number

Fax Number

H. FACILITY CONTACT DURING INSPECTIONS

Name

Title

Phone Number

Fax Number

**SECTION 3 Facility Information**

M. ARE YOU CURRENTLY OPERATING YOUR BUSINESS FROM THE SEWER ADDRESS INDICATED? YES NO  
 IF THE ANSWER IS NO, INDICATE THE DATE YOU PLAN TO BEGIN OPERATION: \_\_\_\_\_

N. DO YOU HAVE A GREASE INTERCEPTOR IN THIS FACILITY? YES NO

O. PROPERTY OWNER

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**SECTION 4 Certification**

P. I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with COW's FOG Ordinance and applicable federal and local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.

CERTIFICATION OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5 Contact Info**

Q. NAME OF THE PERSON TO CONTACT CONCERNING INFORMATION PROVIDED IN THIS APPLICATION

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**DEPARTMENT USE ONLY**

APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
ENVIRONMENTAL REVIEW	<input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT CLASS _____	DATE	FEE RECEIVED \$	RECEIPT NUMBER
APPROVED BY	DATE	CONDITIONS		