



FOG Control Program - Permit Application
County of Santa Barbara - Laguna County Sanitation District
 620 West Foster Road - Santa Maria, CA 93455
 Ph: (805) 739-8750 Fax: (805) 739-8753



Facility Name: _____ Permit No: OFFICE USE ONLY

Facility Address: _____ Email: _____

Owner Name: _____ Phone: _____

Manager Name: _____ Phone: _____

Mailing Address: _____

Type of Facility

- Full Serve Facility 1/2 Serve Facility (no dishes)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bakery / Donuts | <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Ice Cream / Yogurt Shop |
| <input type="checkbox"/> Butcher Shop | <input type="checkbox"/> Deli / Sandwich | <input type="checkbox"/> Pizza Place |
| <input type="checkbox"/> Care Facility | <input type="checkbox"/> Fast Food | <input type="checkbox"/> School / College |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Eat-in Restaurant |
| <input type="checkbox"/> Church / Club / Organization | <input type="checkbox"/> Hotel | <input type="checkbox"/> Other _____ |

Seating Capacity: _____ Number of Employees: _____

Hours (ex: 8am-5pm):

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____

Types of Fixtures

(Please indicate quantity)

- | | | |
|--|---|---|
| <input type="checkbox"/> Deep Fryers _____ | <input type="checkbox"/> 1 Comp. sinks _____ | <input type="checkbox"/> Pre-wash sinks _____ |
| <input type="checkbox"/> Grills _____ | <input type="checkbox"/> Tilt Kettles _____ | <input type="checkbox"/> Mop sinks _____ |
| <input type="checkbox"/> Ovens _____ | <input type="checkbox"/> Garbage Grinders _____ | <input type="checkbox"/> Floor Drains _____ |
| <input type="checkbox"/> 3 Comp. sinks _____ | <input type="checkbox"/> Dishwashers _____ | |
| <input type="checkbox"/> 2 Comp. sinks _____ | <input type="checkbox"/> Wok Ranges _____ | |

Types of Grease Abatement

(Please indicate size in gallons)

- Outside Grease Interceptor _____
- Indoor Manual Grease Trap _____
- Automatic Grease Removal Device _____
- Unknown/Other: _____

Serviced By:

- Hauler - Name: _____
- Self - Frequency: _____

Recycled Grease:

- Clean Grease Rendering Co: _____

I declare under penalty of perjury that the above information is true, correct and complete. I understand the information requested and I inspected the premises before completing this form.

Owner/Manager (print) _____ Title: _____

Signature: _____ Date: _____