



TOWN OF CROMWELL
CWPCA
41 WEST STREET
CROMWELL, CT 06416

FOG DISCHARGE
PERMIT
APPLICATION

Food Preparation Establishment: _____

Location: _____ Unit #: _____

Permittee Name: _____ Title: _____
(Holder of Food Service License)

Company Name: _____

Business Mail Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Days Open (circle or check) S ; M ; T ; W ; Th ; F ; S Hours: _____

GENERAL INFORMATION

New Construction (check): _____ Expected Date of Completion: _____

No. of Indoor Passive Grease Trap(s): _____ Size(s): _____ ; _____ (Gallons Per Minute)

No. of Outdoor Grease Trap(s): _____ Size(s): _____ ; _____ (Gallons)

No. of Automatic Grease Recovery Unit(s): _____ Size(s): _____ ; _____ (Gallons Per Minute)

APPLICATION ATTACHMENTS

Please attach plans for new FPE applications or interior remodeling projects.

Please attach a check in the amount of \$100.00 made payable to the "CWPCA". This fee is established by the Town of Cromwell Water Pollution Control Authority (CWPCA). **See coverletter for 2010 fee waiver.**

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to 53a-157b of the General Statutes, and in accordance with any other applicable statute.

Signature: Owner or Authorized Person _____

Date _____

Printed Name _____

FOR TOWN USE ONLY

Process Date: _____ Permit #: _____

Check #: _____

Change of Ownership/Business: _____ Reviewed by: _____

For additional information call (860) 632-3430.