

Cromwell Water Pollution Control Authority 41 West Street Cromwell, CT 06416 Fats, Oils and Grease Application

Name of Food Establishment:		Class: III	_ IV
Address:	City	State	Zip
Email:	Website:		
Telephone #			
Name of Owner			
Address:	City	State	Zip
Telephone #	Email:		
Type of Grease Removal:			
Active Automatic Grease Removal U	Jnit(s)		
Туре	Model		
Installation Date:	Condition: New Go	od Fair	Poor
Passive (Exterior Only)			
Size (gallons) Location	::		
Installation Date:	Condition: New Good _	Fair	Poor
None De Minimus Permit F	Requested (Departmental Approval R	equired)	
Rendering Company Name:		Tele#_	
How often is unit cleaned: Daily	Quarterly Other:		
*(continues on opposite side of this	; form)		

Number of each item(s) in kitchen facility:
Fryolator(s) Grill(s) Oven(s) Tilt Kettle(s) Garbage Disposal(s)
3 Bay Pot Sink(s) 2 Bay Sink(s) Single Bay Sink(s) Pre-Rinse Sink(s)
Dishwasher(s) Mop Sink(s) Wok Station(s)
Documentation Required:
Copy of Menu
New Item(s): Site kitchen plumbing plan, grease trap agru detail, and sizing calculations Please attach plans for new FPE applications or interior remodeling projects.
I have personally examined and I am familiar with the information submitted in this document and all attachments thereto, and I do 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.
I understand that a false statement made in my application may result in revocation of any permits.
Signature Date:
Print Name: