

**CITY OF LAWRENCE UTILITY DEPARTMENT  
GREASE TRAP, INTERCEPTOR AND SEPARATOR PERMIT APPLICATION**

**Facility Information:** Applicant (owner) Name \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Check which permit applies.

Grease Trap  Grease Interceptor  Grease Separator

Reasoning why this facility cannot or should not meet City of Lawrence Utility Department minimum sizing requirements\*  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Development (circle one):      Redevelopment      New Construction  
 Maximum Seating Capacity \_\_\_\_\_ Maximum hours of operation per day \_\_\_\_\_ Drive-up Service \_\_\_\_\_

<b>Restaurant Information (check all that apply)</b>						
<b>Type of Operations:</b>		<b>Preparation Methods:</b>		<b>Equipment Used:</b>		<b>Quantity</b>
Dine-in	<input type="checkbox"/>	Pan Frying	<input type="checkbox"/>	3 Compartment Sink	<input type="checkbox"/>	_____
Carry Out	<input type="checkbox"/>	Deep Frying	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	_____
Catering	<input type="checkbox"/>	Grill Frying	<input type="checkbox"/>	Pre-Rinse Sink	<input type="checkbox"/>	_____
Cafeteria	<input type="checkbox"/>	Broiling	<input type="checkbox"/>	Chinese Cooker (wok sink)	<input type="checkbox"/>	_____
Bakery	<input type="checkbox"/>	Baking	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	_____
Other Rotisserie _____						

**Method of food Service:** Washable plates \_\_\_\_\_ Disposable plates \_\_\_\_\_ Carry out only \_\_\_\_\_

List proposed interceptor and plumbing unit attached

	Plumbing Unit	Proposed Interceptor Flow Rate/Capacity**
A.	_____	_____
B.	_____	_____
C.	_____	_____

I hereby certify the above information is accurate. I acknowledge changes in cooking methods, volumes, and hours of operations will require reapplication and possible increase in the size or type of grease interceptor. I certify the grease trap/interceptor will be cleaned in accordance with manufacturer's specifications a minimum of once per week, or more frequently if required by the special permit. I certify that all staff will use best management practices as pertains to disposal and handling of grease, fats, and oils. I acknowledge the required cleaning frequency can be increased at any time by the City of Lawrence Utility Department.

Signature (owner) \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_

\*Minimum sizing requirement is 12-minute retention time based on flow of all fixtures attached.

\*\*Note. Interior interceptors must be at least 25gpm/50lb capacity to be considered by the City of Lawrence Utility Department.

Send to: Fats, Oils, and Grease Management Program  
 City of Lawrence Utility Department  
 9201 Harrison Park Court  
 Lawrence, IN 46216  
 Phone: (317) 524-6301

