



ADMINISTRATION BUILDING  
 PLANNING & ZONING DEPARTMENT  
 8230 OLD YORK ROAD  
 ELKINS PARK, PA 19027  
 215-887-1000, (MAIN) 215-887-1561 (FAX)  
[www.cheltenhamtownship.org](http://www.cheltenhamtownship.org)

**CHELTENHAM TOWNSHIP**

**FATS, OILS, & GREASE PROGRAM  
 GREASE CONTROL DEVICE REGISTRATION FORM**

SHEET \_\_\_\_\_ OF \_\_\_\_\_

**FACILITY INFORMATION**

		YES <input type="checkbox"/> NO <input type="checkbox"/>		
FACILITY NAME		DETACHED UNIT	NAICS CLASSIFICATION	
NUMBER	STREET	UNIT/SUITE	ZIP	PHONE

**FACILITY OPERATION**

OPERATES 12 MONTHS/YEAR       SEASONAL, OPERATES DURING MONTHS \_\_\_\_\_ TO \_\_\_\_\_  
 FACILITY IS OPEN DURING  DAYTIME HOURS ONLY     NIGHTTIME HOURS ONLY     BOTH DAY & NIGHT HOURS

**CONTACT INFORMATION**

NAME OF RESPONSIBLE CONTACT	RELATIONSHIP TO FACILITY	TELEPHONE NUMBER
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**BUSINESS MAILING ADDRESS**

SAME AS FACILITY \_\_\_\_\_

NUMBER	STREET	UNIT/ SUITE	STATE	ZIP
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**KITCHEN FIXTURES CONNECTED TO DEVICE**

<input type="checkbox"/> 3-COMPARTMENT SINK	<input type="checkbox"/> 2-COMPARTMENT SINK	<input type="checkbox"/> 1-COMPARTMENT SINK	<input type="checkbox"/> WOK RANGE(S)
<input type="checkbox"/> TILT KETTLE	DISWASHER	GARBAGE DISPOSAL	

**DEVICE INFORMATION**

DEVICE TYPE

<input type="checkbox"/> EXTERIOR GREATER THAN 500 GAL.	<input type="checkbox"/> EXTERIOR LESS THAN 500 GAL.	<input type="checkbox"/> INTERIOR IN-FLOOR	<input type="checkbox"/> INTERIOR UNDERSINK
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DEVICE SIZE

GALLONS (EXTERIOR ONLY)	GALLONS PER MINUTE (GPM)	POUNDS (LBS)
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MANUFACTURER	MODEL NUMBER
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**COMMERCIAL FOG HAULER INFORMATION**

COMMERCIAL GREASE HAULER USED	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF COMPANY
FRYER OIL HAULER USED	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF COMPANY

REGISTRATION NO. \_\_\_\_\_ YEAR \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_



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#### INSTRUCTIONS FOR COMPLETING GREASE CONTROL DEVICE REGISTRATION FORM

This Grease Control Device (GCD) Registration Form is used to register all GCDs, commonly known as "grease traps", in use at Food Service Establishments (FSEs) within Cheltenham Township. Registration of GCDs is a requirement of the FOG Ordinance, enacted and ordained July 17, 2013.

Complete a separate form for each grease control device present at your establishment.

- 1 Indicate at the top of the page how many devices are present and which device this registration is for, 1 of 1, 1 of 2, 2 of 4, etc.
- 2 Under "Facility information," fill in the following information:
  - a. Facility Name - What is the name on the sign out front?
  - b. Detached Unit, Yes or No - Is the facility a separate building, or is it part of a complex of other facilities?
  - c. NAICS Class - Select North American Industry Classification System Designation (Chart Below)
  - d. Number, Street, Unit/Suite, & Zip Code - Physical address of the facility.
  - e. Phone - The telephone number of the facility.

#### North American Industry Classification System

Designation	Title	Designation	Title
445110	Supermarkets and Other Grocery Stores	722100	Full-Service Restaurants (Steakhouses only)
445120	Convenience Stores	722211	Limited-Service Eating Places (Fast Food)
447110	Gasoline Stations with Convenience Stores	722212	Cafeterias, Grill Buffets, and Buffets
624120	Adult Day Care Centers	722213	Snack and Non-Alcoholic Beverage Bars
624410	Child Day Care Centers	722310	Food Svc. Contrs. (Schools, Hosp. cafeterias)
711110	Theater Companies and Dinner Theaters	722320	Caterers
721100	Traveler Accommodation (Hotels)	813110	Churches, Synagogues, Mosques, Temples
722110	Full-Service Restaurants (except Steakhouse)		

- 3 Under "Facility Operation," fill in the following information:
  - a. Operates 12 Months/Year or Seasonal - Check the appropriate box.
  - b. Operates During Months - Enter ONLY if the operation is seasonal, months that operations start and end.
  - c. Facility is Open During - Check the appropriate box to indicate normal operational hours; day, night, or both day & night.
- 4 Under "Contact Information," fill in the following information:
  - a. Name of Responsible Contact - The owner or person in responsible charge of the facility.
  - b. Relationship to the Facility - Is this the owner, general manager, facilities manager, etc.
  - c. Phone - Telephone number for the responsible contact, ONLY if different than the facility phone number.
- 5 Under "Business Mailing Address," fill in the following information:
  - a. Same as the Facility - Check the box if the business mailing address and the facility address are the same.
  - b. Number, Street, Unit/Suite, State, Zip - Fill in the information ONLY if the box above is NOT checked.
- 6 Under "Kitchen Fixtures connected to device," check the box(es) indicating which fixture(s) is/are connected to THIS device.
- 7 Under "Device Information," fill in the following information:
  - a. Device Type - Check the appropriate box to indicate what type of grease control device you are registering. If it is buried outside, it is an exterior device. (Some exterior devices are actually interior type devices installed outside. The liquid capacity of these devices is usually less than 500 gallons. If you have an interior device, it will be either in-floor (lid is at floor level) or under-sink (sits on top of the floor).



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- b. Device Size - Exterior type devices are sized in gallons of capacity, and interior type devices are sized by the flow rate in gallons per minute (GPM) and physical grease capacity in pounds (LBS) they are designed to handle. (All devices with a volume of less than 500 gallons must be Plumbing & Drainage Institute rated)
- c. Manufacturer, Model Number - USED FOR INTERIOR DEVICES ONLY, leave blank if unavailable.

8 Under "Commercial Fog Hauler Information," fill in the following information:

- a. Commercial Grease Hauler Used - Check "Yes" or "No" to specify whether a company cleans your device, and indicate the name of the company, if known.
- b. Fryer Oil Hauler Used - Check "Yes" or "No" to specify whether a company picks up your used fryer oil, and indicate the name of the company, if known.