



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

CHELTENHAM TOWNSHIP

APPLICATION - FATS, OILS, AND GREASE (FOG)

WASTEWATER DISCHARGE 1 YEAR PERMIT

INITIAL FEE: \$500.00

ANNUAL FEE: \$250.00

PERMIT # _____

DATE: _____

INSTRUCTIONS

For Cheltenham Township to properly evaluate, process, and issue a Fats, Oils, and Grease (FOG) Wastewater Discharge Permit, the Permit Application Form must be filled out completely. Your application will be returned to you if there is any missing information. Please write N.A if the information being requested does not apply.

The Permit Application must be signed by an official company representative. Cheltenham Township will return your permit application if it is not signed by the proper company official.

The permit fee is due at the time the permit application is submitted. An application received without remittance will be returned. All required Drawings, Information, etc., must be submitted with this application along with the registration form that was mailed to all Class 1 Class 2 Producers along with a copy of the FOG Ordinance.

Cheltenham Township will not process incomplete Permit Applications.

SECTION 1 General Information

A. APPLICANT (Corporation or Food Service Establishment Name)			
B. DOING BUSINESS AS (Food Service Establishment Name used at Sewer Service Address Listed Below)			
C. SEWER SERVICE ADDRESS (Street, City, State, Zip Code)			
D. PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
E. IS YOUR ESTABLISHMENT A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			
F. NAME OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER			
NAME		TITLE	
STREET		CITY	STATE ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	
G. NAME OF DESIGNATED REPRESENTATIVE AND SIGNATORY FOR THE FACILITY WHO CAN BE SERVED WITH NOTICES AND IS RESPONSIBLE FOR SIGNING ALL CORRESPONDENCE AND REPORTS. ALL CORRESPONDENCE, INCLUDING CERTIFIED MAIL, WILL BE SENT TO THIS REPRESENTATIVE:			
<input type="checkbox"/> Please check if this is the same person identified in Section F or provide the information below:			
NAME		TITLE	
STREET		CITY	STATE ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	
H. FACILITY CONTACT DURING INSPECTIONS			
NAME		TITLE	
PHONE NUMBER		EMAIL ADDRESS	

SECTION 2 FACILITY OPERATIONAL CHARACTERISTICS

I. PLEASE CHECK DESCRIPTION THAT REPRESENT YOUR FACILITY

Type of Food Service Establishment		Location	
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Stand-alone Restaurant	<input type="checkbox"/> Hospital
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cocktails/Bar	<input type="checkbox"/> Strip Mall Attached	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Buffet	<input type="checkbox"/> Catering	<input type="checkbox"/> Mall/Food Court	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Take Out Facility (only)	<input type="checkbox"/> Food Packager	<input type="checkbox"/> School	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> Meat Processor	<input type="checkbox"/> Club/Organization	<input type="checkbox"/> Religious Institution
<input type="checkbox"/> Bakery		<input type="checkbox"/> Company/Office Building	<input type="checkbox"/> Prison
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other _____	<input type="checkbox"/> Stadium/Amusement Park	<input type="checkbox"/> Other: _____

J. PLEASE INDICATE EACH ITEM THAT YOU CURRENTLY HAVE IN YOUR FACILITY AND THE QUANTITY OF EACH

Food Processing Equipment		Kitchen Equipment	
	Qty.		Qty.
<input type="checkbox"/> Deep Fryer	_____	<input type="checkbox"/> Dishwasher	_____
<input type="checkbox"/> Charbroiler	_____	<input type="checkbox"/> Pre-rinse sink	_____
<input type="checkbox"/> Griddle	_____	<input type="checkbox"/> Mop Sink	_____
<input type="checkbox"/> Grill	_____	<input type="checkbox"/> Floor Drains	_____
<input type="checkbox"/> Oven	_____	<input type="checkbox"/> Garbage Disposal	_____
<input type="checkbox"/> Rotisserie	_____	<input type="checkbox"/> Other Equipment	_____
<input type="checkbox"/> Stove	_____	(list below)	_____
<input type="checkbox"/> Wok	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

K. PLEASE INDICATE OPERATING SCHEDULE:

Days of Operation	Hours of Operation		
Monday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed
Tuesday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed
Wednesday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed
Thursday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed
Friday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed
Saturday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed
Sunday	Start: _____	Start: _____	<input type="checkbox"/> 24 Hours
	Stop: _____	Stop: _____	or <input type="checkbox"/> Closed

L. PLEASE PROVIDE THE FOLLOWING LMISCELLANEOUS INFORMATION REGARDING YOUR OPERATIONS:

No. of Employees	Do you wash plates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity (Inside)	Chain Status <input type="checkbox"/> Yes <input type="checkbox"/> No
Seating Capacity (Outside)	Seating <input type="checkbox"/> Sit-down <input type="checkbox"/> Take-out <input type="checkbox"/> Both
Average no. of meals served during peak hour	

SECTION 3 FACILITY INFORMATIONM. DO YOU HAVE A GREASE TRAP AND/OR INTERCEPTOR YES NO

N. PROPERTY OWNER

Name_____
Street_____
City_____
State_____
Zip Code_____
Phone Number_____
Fax Number**SECTION 4 CERTIFICATION**O. *I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.**I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with COS's FOG Ordinance and applicable federal and local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.*

CERTIFICATION OF OWNER, A GENERAL PARTNER, OR CHIEF EXECUTIVE OFFICER

Name_____
Title_____
Signature_____
Date**SECTION 5 CONTACT INFO**

P. NAME OF PERSON TO CONTACT CONCERNING INFORMATION PROVIDED IN THIS PERMIT APPLICATION

Name_____
Street_____
City_____
State_____
Zip Code_____
Phone Number_____
Fax Number**DEPARTMENT USE ONLY**

PERMIT NO.	RECEIVED BY	DATE	FEE RECEIVED	REGISTRATION NO.
INITIAL INSPECTION COMPLETED BY:		DATE	NAIC #	
APPROVED BY		DATE	CONDITIONS	