



CITY OF SHELTON
WPCA
54 HILL STREET
SHELTON, CT 06484
(203) 924-1555 x 1511

FOG DISCHARGE PERMIT
RENEWAL
APPLICATION

Restaurant Name: _____

Address: _____
(Restaurant Address)

Permittee Name & Title: _____ Email: _____
(Food Service License Holder)

Business Phone: _____ Mobile Phone: _____

Company Name (if different): _____

Mailing Address (if different): _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Please check days and list hours open for business:

☐ Sun. _____ ☐ Mon. _____ ☐ Tue. _____ ☐ Wed. _____
☐ Thu. _____ ☐ Fri. _____ ☐ Sat. _____

GENERAL INFORMATION

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

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

APPLICATION ATTACHMENTS

1. Attach information on any new cooking appliance or fixtures.
2. Attach a detailed description of any previously granted variances.
3. Attach a current menu.
4. Attach a check in the amount of **\$50** made payable to "City of Shelton WPCA"

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(s).

Permittee Signature _____

Date _____

Permittee Printed Name _____

FOR CITY USE ONLY

Application Rec'd: _____ Check # _____ Variance Attached: Yes ☐ No ☐

Rec'd by _____ Notes _____

For additional information contact the Sewer Department at (203) 924-1555 ext 1511.