



**CITY OF SHELTON**  
**W.P.C.A**  
**54 HILL STREET**  
**SHELTON, CT 06484**  
**(203) 924-1555 x 1511**

**FOG DISCHARGE**  
**PERMIT**  
**APPLICATION**

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Restaurant Address)

Permittee: \_\_\_\_\_ Email: \_\_\_\_\_  
(Food Service License Holder)

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
(If different)

Mailing Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
(If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please list Days and Hours open for business:

- Sun. \_\_\_\_\_  Mon \_\_\_\_\_  Tue. \_\_\_\_\_  Wed. \_\_\_\_\_  
 Thu. \_\_\_\_\_  Fri. \_\_\_\_\_  Sat. \_\_\_\_\_

**GENERAL INFORMATION**

New Construction (check): \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_  
 No. of Indoor Active Grease Trap(s): \_\_\_\_\_ Size(s): \_\_\_\_\_ ; \_\_\_\_\_ (Gallons Per Minute)  
 No. of Outdoor Grease Trap(s): \_\_\_\_\_ Size(s): \_\_\_\_\_ ; \_\_\_\_\_ (Gallons)

**APPLICATION ATTACHMENTS**

**Please attach plans for initial applications or interior remodeling projects.**

**Please attach a check in the amount of \$100.00 made payable to City of Shelton.** This fee is established by the City of Shelton Water Pollution Control Authority (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.

Permittee Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**FOR CITY USE ONLY**

App Rec'd: \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Variance App Attached: Yes  No  Rec'd by \_\_\_\_\_ Insp. Required: Yes  No   
 Notes \_\_\_\_\_

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