



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

**FOG DISCHARGE  
VARIANCE  
APPLICATION**

PLEASE ATTACHED COMPLETED FOG DISCHARGE PERMIT APPLICATION.  
IF A PROGRAM VARIANCE IS GRANTED THE APPLICATION FEE WILL BE REFUNDED<sup>1</sup>.

**1. Restaurant Name:** \_\_\_\_\_

**2. Why is a variance being requested?** Please check all that apply:

**EQUIPMENT and/or MAINTENANCE VARIANCE**

- Equipment Variance: Installation of an Automatic Grease Recovery Unit (AGRU) or other indoor grease removal unit is being requested. (Indoor passive grease traps are **not** allowed.)
- Shared outdoor trap (Grease trap is share with at least one additional facility)
- There is insufficient space at the facility to install an outdoor grease trap. *Attach a site plan. Distance between property boundaries, water lines and buildings must be shown.*
- The facility is rented. *Provide contact information for the property owner and attach a copy of lease.*

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

- Kitchen and sanitary sewers are combined: *Provide approximate date of building construction:* \_\_\_\_\_.
- A modification of pumping frequency is requested.
- Maximum grease accumulation rate \_\_\_\_\_ *Attach maintenance records for one year documenting the grease accumulation rate in the Outdoor Grease Trap.*
- Seasonal Operation from \_\_\_\_\_ to \_\_\_\_\_

**PROGRAM VARIANCE**

- Itinerant Vendor      (Type) Truck       Cart
- Other (Explain) \_\_\_\_\_

**3. Attach additional information as described above.**

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 Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

\_\_\_\_\_  
Signature: Owner or Authorized Person

\_\_\_\_\_  
Date

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

<sup>1</sup> Refund does not apply to EQUIPMENT Variance.