

Return Completed Application to:  
Orleans Sewer Department  
19 School Road  
Orleans, MA 02653  
508-240-3700 x 2349



For Sewer Department Compliance Use  
Received Date: \_\_\_\_\_  
FOG Permit #: \_\_\_\_\_

Town of Orleans  
Department of Public Works & Natural Resources  
**Fats, Oils and Grease (FOG) Permit Application for FOG Generators**

*Refer to page five (5) of this application for descriptions, definitions, and instructions.*

**1. REASON FOR APPLYING**

**A. New Permit** \_\_\_\_\_

Renewal \_\_\_\_\_ Previous Permit # (if renewal) \_\_\_\_\_

**B. Construction** \_\_\_\_\_

New \_\_\_\_\_ Renovations \_\_\_\_\_ Change of Use \_\_\_\_\_

**C. Change of Ownership** \_\_\_\_\_

Previous Company/Owner Name \_\_\_\_\_

**D. Other** \_\_\_\_\_ (please describe below)

\_\_\_\_\_

**2. COMPANY INFORMATION**

**A. Company Name**

\_\_\_\_\_

**B. Facility Location and Contact Information**

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**C. Billing Address and Contact Information**

Check here if same as above \_\_\_\_\_

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**D. Ownership Type** \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

**E. Names and Titles of Business Owner(s), Partners or Corporate Officers:**

Names	Titles
_____	_____
_____	_____

**F. Authorized Representative** (definitions on back page) check here if same as above \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**3. Landlord, Property Owner or Management Company**

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**4. Facility and Business Information**

**A. Type of Business or Food Service Establishment** (check all that apply)

\_\_\_\_ Food Preparation    \_\_\_\_ Food Packager    \_\_\_\_ Restaurant    \_\_\_\_ Fast Food  
\_\_\_\_ Take Out Facility    \_\_\_\_ School Cafeteria    \_\_\_\_ Other Cafeteria    \_\_\_\_ Convenient Store  
\_\_\_\_ Child Care Facility    \_\_\_\_ Other, Specify \_\_\_\_\_

**B. Size of Location** (square feet) \_\_\_\_\_ **Available Seating** (inside and outside) \_\_\_\_\_

**C. Total Number of Employees** \_\_\_\_\_

**D. Date Business Opened or Anticipated Date of Opening** \_\_\_\_\_

**E. Days and Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**F. List major equipment used for food preparation (i.e. grills, fryers, dishwashers, sinks, etc.) Use additional sheets if needed.**

Type	Size/Specifications

**G. Number of Grease Interceptors and/or Traps \_\_\_\_\_ Fill in required information below:  
(Must attach approved drawings showing location and access point of external tanks)**

Location	Size (in gallons)	Service Frequency	Type (check one)
			___ interceptor trap__
			___ interceptor trap__
			___ interceptor trap__

**5. Grease Hauler Information**

Name of Hauler

\_\_\_\_\_

Address, City, State, Zip

\_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Describe how grease is disposed of (i.e.: landfill by waste hauler, recycled, pumped, etc.).  
If you dispose of the grease yourself, indicate location and procedure for disposal.

\_\_\_\_\_

\_\_\_\_\_

**6. Maintenance**

**Any major maintenance, repairs, and/or replacements made to the system within the previous permit year:**

Equipment	Maintenance / Repairs or Replacements Completed

**7. Previous FOG Violations**

**Declaration of any notice of violations of FOG Program requirements within the previous permit year. If any, describe the violation and any actions taken to correct violations. If none, write N/A.**

Violation	Action

**8. Required Attachments:**

- Approved drawings showing location and access points of external grease tanks
- Check payable to DPW&NR in the amount of: \$100 for up to 2 grease tanks, an additional \$50 per additional tank.

**9. Signatory Requirement -**

**This must be signed by a company/business authorized representative.**

**Signatures of designers, architects, or contractors are only accepted as a construction contact in item 1 above.**

I certify under penalty of law that I have personally examined and am familiar with the information in this application form and all its attachments, and I have attended an Introductory FOG Control Meeting, and based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine.

\_\_\_\_\_  
Name - Authorized Representative (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **Definitions and Descriptions**

**Food-Service Establishment** – Any facility that prepares, serves, or processes food on a regular basis for commercial use or sale including but not limited to restaurants, cafeterias, hotels, hospitals, institutional facilities, factories, clubs, bars where food is prepared and served, and all commercial kitchens; food and meat packing and processing establishments; super markets, bakeries and others that generate FOG that may be introduced into the Town collection system in quantities that can cause sewer blockages.

**Grease Trap** – A small reservoir built into the wastewater piping a short distance from the grease producing area. Baffles in the reservoir retain the wastewater long enough for the grease to congeal and rise to the surface so that it can be removed.

**Grease Interceptor (Tank)** – A large, partitioned collection chamber usually outside a building that captures FOG by trapping floatable and settleable solids prior to being discharged to the Town collection system, and whose rated flow exceeds 50 gallons per minute (GPM).

**Newly constructed or renovated food-serving establishment or business** – Any newly constructed or existing food-serving establishment that has undergone significant improvements or expansion planning to begin operation after the adoption of the FOG Control Program Regulations.

**Change Of Use** – Any Construction or remodeling that changes an existing non-FSE or business into a facility which can be classified as a Food Serving Establishment or FOG Generator (example: Print shop is changed into a restaurant).

**FOG generator** – Any commercial establishment, industry, or resident that creates FOG that can be discharged with wastewater into the sewer collection system or into septic or storage tanks whose contents are delivered to the WasteWater Treatment Facility

**Authorized Representative/Signatory Requirement** – Business authorized representative is a business officer legally responsible for operation of the company discharging wastewater or a company employee (manager, supervisor) authorized in writing to sign documents for the business officer. Business officer titles include but are not limited to: owner, partner, managing partner, president, vice-president, secretary, treasurer, and CEO. The following do not qualify as a business authorized representative: contractors, designers, architects, employees who are not titled managers or supervisors.

### **Instructions. Use extra sheets if needed or when applicable on any section of the FOG permit.**

1. **A-D** Indicate reason for applying for a FOG permit. Give supporting documents if necessary. If the application is being filed due to change in ownership, please provide the former FOG permit number and authorized representative.
2. **A-F** Location address describes the business location that is to be permitted. **C.** Ownership Types: sole proprietor indicates only one individual and no partners owning said business. Partnership indicates more than one owner but is not incorporated. Corporation indicates a company formed by more than two individuals and often has a group of shareholders. **D.** Names and Title: cannot be employees such as managers or general laborers. **E.** This section is for purposes of billing, fines and notifications of violation. **F.** Authorized Representative: refer to definition above.
3. If building/facility/lot is rented/leased, give the landlord's information.
4. **A-G** Give business description either by checking appropriate selection or describing under the other category. Refer to definitions given above. **B.** Size of facility – should be given in square feet and give total available seating. Include any seasonal (outdoors, decks, anything external from hardened building). **E.** Hours of operation. **F.** Equipment Information – Any major equipment used in the production or business process which comes into contact with Fats Oil and Grease. **G.** Interceptor information – refer to definition given above. You may have your plumber fill this section in.
5. Grease Hauler Information: Only town approved grease haulers should be entered into this section.
6. Provide any major maintenance, repairs and/or replacements made to the system within the previous permit year.
7. Clearly identify and explain any violations in the previous permit year and any actions taken to correct the violations.
8. Required Attachments