



## Fat, Oils & Grease (FOG) Permit Application

The Town of Christiansburg has a Fats, Oils, and Grease (FOG) control program as part of an ongoing effort to reduce the accumulation of FOG in the Town's sewer system. The program includes inspection and maintenance of a grease control device. Proper maintenance of your grease control device and reporting this maintenance to the Town are vital to the program, which carries significant fees and penalties for noncompliance.

In order to obtain the required FOG permit for your business, please fill out this form and return the application and the **\$150** permit application fee to the Town of Christiansburg, 100 East Main Street, Christiansburg, VA 24073. For questions pertaining to this application, contact Jacquie Peyton at [jpeyton@christiansburg.org](mailto:jpeyton@christiansburg.org) or 540-382-8221.

### I. Facility Information

Company Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Corporate Owner \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business License # \_\_\_\_\_ State or Federal Tax ID # \_\_\_\_\_

Facility Contact Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Corporate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Corporate Contact Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_



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### II. Facility Activity

North American Industrial Classification System Codes. Complete the table below. If you provide more than one product or service, include the percent (%) activity dedicated to each product or service. For food service establishments with only one product or service, indicate 100% in the column located to the right of the appropriate NAICS code.

PRODUCT OR SERVICE	NAICS CODE	% ACTIVITY
Fast Food Restaurant	722211	
Supermarkets	445110	
Full Service Restaurant	72210	
Convenience Stores	445120	
Meat Markets	445210	
Cafeterias	722212	
Fish and Seafood	445220	
Snack & Non Alcoholic	722213	
Fruits & Vegetables Markets	445230	
Food Service Contractor	722310	
Religious Institutions	813110	
Caterers	722320	
Elementary Schools	611110	
Bars/Lounges	722410	
Junior College	611210	
Colleges Universities	611310	
Business Schools	611410	
Professional Schools	611430	
Other: _____	_____	



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### III. Food Service Establishments

Attach a copy of your menu to this application.

Has the menu changed in the last 3 years?  Yes  No

If so, summarize the change(s).  
\_\_\_\_\_  
\_\_\_\_\_

Describe the wastewater generating operations.  
\_\_\_\_\_  
\_\_\_\_\_

Is your facility open 24 hours?  Yes  No

Months of operation  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.

Peak months of operation  Jan.  Feb.  Mar.  Apr.  May  June  July  Aug.  Sept.  Oct.  Nov.  Dec.

Days of operation  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun. Open holidays?  Yes  No

Total number of employees

Shift 1 \_\_\_\_\_ Start Time & Duration \_\_\_\_\_  
Shift 2 \_\_\_\_\_ Start Time & Duration \_\_\_\_\_  
Shift 3 \_\_\_\_\_ Start Time & Duration \_\_\_\_\_

Total seating capacity \_\_\_\_\_ (by fire inspector / CO).

Has the seating capacity changed in the last 3 years?  Yes  No

If so, indicate the number of additional or reduced seats. \_\_\_\_\_

Please indicate each item that you currently have in your facility and the quantity of each:

<input type="checkbox"/> Grill _____	<input type="checkbox"/> Oven _____	<input type="checkbox"/> Tilt Kettle/Crock Pot _____
<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> Pre-rinse Sink _____	<input type="checkbox"/> 1 Compartment Sink _____
<input type="checkbox"/> Mop Sink _____	<input type="checkbox"/> Deep Fryer _____	<input type="checkbox"/> 2 Compartment Sink _____
<input type="checkbox"/> Floor drains _____	<input type="checkbox"/> Hand sinks _____	<input type="checkbox"/> 3 Compartment Sink _____
<input type="checkbox"/> Garbage Disposal _____		<input type="checkbox"/> 4 Compartment Sink _____
<input type="checkbox"/> Other Equipment (list) _____		

Do you use fryer oil?  Yes  No If yes, amount \_\_\_\_\_ gals per week.

Is there a renderable fats recycling container on-site?  Yes  No

How is fryer oil handled? \_\_\_\_\_

Fryer Oil Hauler \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



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### IV. All Facilities Grease Control Device Maintenance

Provide information on your Grease Control Device (and Fryer Oil Removal) Equipment. Attach additional sheets if necessary.

Location	Size (capacity) in gallons	Type (Outdoor, Indoor, Manual, Automatic, or None)

Has the Grease Control Device been replaced or upgraded in the last 5 years?  Yes

No

If so, indicate the number of additional or reduced seats: \_\_\_\_\_

Who services your grease control devices?

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Disposal Site \_\_\_\_\_

Disposal site of grease removed from grease control device (refer to Manifest for disposal info).

What is your current grease control device cleaning schedule?

Where in your facility are the Manifest records kept? \_\_\_\_\_

Please provide an up-to-date copy of the indoor and outdoor plumbing plans. These plans should include the location of all water meters, facility sewer connections, floor drains, grease removal equipment, sinks, dishwashers, restrooms, etc. Blue prints are acceptable; a "to scale" hand drawn copy may be acceptable in some cases.



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### AUTHORIZED REPRESENTATIVE STATEMENT

I, being duly authorized to sign this document, and in consideration for the granting of a FOG Permit, do hereby agree to allow duly authorized employees of the Town of Christiansburg the right to enter upon said company properties, without prior notification, for the purposes of inspection, observation, measurement, sampling, copying of records, photographing or testing.

Additionally, I agree to abide by all applicable provisions of the Town's Sewer Use Ordinance.

I understand that failure to abide by the terms of this permit may be cause for disconnection of sewer service or water service to the property authorized to discharge by this permit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of citations or imprisonment for known violations.

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Signature

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Date

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Printed Name

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Title