



**CITY OF OPELIKA**  
**GREASE TRAP PERMIT APPLICATION**  
**334-705-5400**

**PERMIT APPROVED** YES   
 NO

**DATE:**

**IF ISSUED** THIS PERMIT IS NOT TRANSFERABLE UNDER ANY CIRCUMSTANCES. ALL SERVICE RECORDS MUST BE RETAINED AT THE FACILITY FOR A PERIOD OF THREE (3) YEARS; AS WELL AS ANY APPLICABLE SPECIAL CONDITIONS. ALL APPLICATIONS FOR PERMIT RENEWALS SHALL BE SUBMITTED AT LEAST SIXTY (60) DAYS PRIOR TO THE EXPIRATION DATE OF THE EXISTING PERMIT.

**EXPIRATION DATE:**

**APPLICANT/BUSINESS INFORMATION**

NAME OF APPLICANT		PHONE	
ARE YOU LEGALLY AUTHORIZED TO ACT AS A REPRESENTATIVE OF THE BUSINESS APPLYING FOR THIS PERMIT?		YES	NO
NAME OF BUSINESS		PHONE	
ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL		
OWNER	PHONE		
ADDRESS			
EMERGENCY CONTACT			
IF YOU ARE NOT THE AUTHORIZED REPRESENTATIVE PLEASE INCLUDE THEIR NAME AND CONTACT INFO ABOVE			

**GREASE TRAP INFORMATION**

LOCATION			
MANUFACTURER	CAPACITY		
APPLICANT MUST ATTACH A DRAWING OF SUFFICIENT DETAIL TO SHOW THE LOCATIONS OF ALL FIXTURES THAT INTRODUCE FATS, OILS OR GREASES INTO THE SEWER SYSTEM AND ALL SEWERS, FLOOR DRAINS, SEWER CONNECTIONS AND GREASE INTERCEPTORS, GREASE TRAPS AND APPURTENANCES KNOWN.			

**AUTHORIZED SIGNATURE**

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS PERMIT APPLICATION IS COMPLETE AND ACCURATE. I AM AWARE OF THE REGULATIONS CONTAINED IN THE CITY OF OPELIKA CODE OF ORDINANCES, CHAPTER 28, ARTICLE VII AND DO HEREBY AGREE TO COMPLY WITH ALL SAID REGULATIONS. I FURTHER AGREE TO COMPLY WITH ALL APPLICABLE STATE, FEDERAL AND LOCAL LAWS REGARDING DISCHARGE OF FATS, OILS AND GREASE INTO PUBLIC WATER TREATMENT SYSTEMS.

NAME	DATE
SIGNATURE	

**FOR OFFICIAL USE ONLY**

CITY OFFICIAL OR EMPLOYEE REVIEWING THIS APPLICATION MUST PROVIDE THE FOLLOWING INFORMATION

NAME	TITLE	DATE
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**RETURN TO**

**COMMENTS**

CITY OF OPELIKA PUBLIC WORKS  
 700 FOX TRL, OPELIKA, AL 36801  
 PHONE 334-705-5400 FAX 334-705-5452