



FATS, OILS AND GREASE (FOG) PROGRAM PERMIT APPLICATION

NAME OF FACILITY:										
FACILITY ADDRESS:										
MAILING ADDRESS:										
NAME OF OWNER:								PHONE:		
NAME OF MANAGER:								PHONE:		
LANDLORD PROPERTY MANAGER:								PHONE:		
TYPE OF FACILITY										
<input type="checkbox"/>	Full-Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee			
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Convenience Store			
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Shop	<input type="checkbox"/>	Grocery Store					
Seating Capacity		Hours of Operation:		Sun	Mon	Tues	Wed	Thu	Fri	Sat
Number of Employees										
TYPES OF FIXTURES (Check all that apply)										
<input type="checkbox"/>	Deep Fryers	<input type="checkbox"/>	3- compartment sinks	<input type="checkbox"/>	Mop Sink	<input type="checkbox"/>	Wok Ranges			
<input type="checkbox"/>	Grills	<input type="checkbox"/>	2- compartment sinks	<input type="checkbox"/>	Garbage disposal	<input type="checkbox"/>	Pre-wash sink			
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	1- compartment sink	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>				
<input type="checkbox"/>	Rotisserie	<input type="checkbox"/>	Hot Dog Roller							
TYPES OF GREASE ABATEMENT (CHECK ALL THAT APPLY)		QUANTITY	SERVICED BY							
<input type="checkbox"/>	External Manhole Tanks Size of Trap:		Name of Pumper/Hauler:							
<input type="checkbox"/>	Passive (Manual) Grease Trap Size of Trap:		Self	Hauler Name:						
<input type="checkbox"/>	Grease Monitoring System		Self	Hauler Name:						
<input type="checkbox"/>	Other/Unknown		Self	Hauler Name:						
Name of Waste Fryer Oil Hauler			Frequency of Pick Up							
<p>The information in the questionnaire is familiar to me and to the best of my knowledge, such information is true, complete, and accurate. I am aware that there are significant penalties for submitting false information.</p>										
Owner/ Authorized Representative (Print):							Title:			
Signature:							Date:			
Application Due Date:										

If you have any questions while completing this form, please call the UMJA Office at 215-679-5133. Fax 215-679-5206. This information is being gathered from all non-domestic users of the Upper Montgomery Joint Authority sewer system. Additional pages can be attached to elaborate on any answers.

Upper Montgomery Joint Authority
1100 Mensch Dam Road
Pennsburg, PA 18073