

CITY OF FULLERTON

WASTEWATER DISCHARGE PERMIT APPLICATION



READ THE FOLLOWING DIRECTIONS CAREFULLY!

Enclosed is the Wastewater Discharge Permit Application for your business. The annual permit fee is one hundred dollars (\$100.00). Please fill out the application completely. This application is required by the City's Fats, Oils, and Grease (FOG) Program Ordinance Sections 12.20.060 and 12.20.140. Failing to **COMPLETELY FILL OUT** and return the permit application along with the permit fee will result in a fine and further enforcement action.

In addition to the application you will be required to obtain plans of your property's sewer lines showing the sewer connections to the City's sewer lines. A copy of these plans will be required to be maintained on site and made available for inspection as requested.

IMPORTANT: It is your responsibility to renew your permit every year. Permits and renewals are valid only upon receipt of payment.

Failure to comply with any section of the FOG Ordinance or any other provisions of the Ordinance may result in noncompliance and enforcement actions.

**City of Fullerton – Public Works
Attn: Jonathon Cuevas, Sewer Div.
1580 W. Commonwealth Ave.
Fullerton, CA 92833**

If you have any questions please contact Jonathon Cuevas, Source Control Inspector at (714) 738-3350.

Cover Letter Page A

CITY OF FULLERTON

WASTEWATER DISCHARGE PERMIT APPLICATION

BUSINESS INFORMATION:

DATE: _____

Business Name: _____

Doing Business As "dba": _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Invoice Mailing Address: _____

City: _____ State: _____ Zip: _____

LICENSE INFORMATION:

Business License Number: _____

Health Department Permit Number: _____

DAYS AND HOURS OF OPERATION:

Check the days that your business is open and indicate hours of operation for each day:

Sunday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____
Monday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____
Tuesday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____
Wednesday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____
Thursday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____
Friday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____
Saturday	<input type="checkbox"/>	Time Open: _____	Time Closed: _____

PROCESS INFORMATION:

Indicate Dine In / Take Out / Both: _____

Seating Capacity Inside: _____ Seating Capacity Outside: _____

Type of Cuisine: _____

For Official City Use Only:

Permit Number: _____

CITY OF FULLERTON

WASTEWATER DISCHARGE PERMIT APPLICATION

DATE: _____

BUSINESS OWNER and/or BUSINESS PARTNER INFORMATION:

1) Business Owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell: _____
EMERGENCY PHONE ** _____ (required)
E-Mail: _____

2) Business Partner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell: _____
EMERGENCY PHONE ** _____ (required)
E-Mail: _____

PROPERTY OWNER INFORMATION:

Business Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell: _____
EMERGENCY PHONE ** _____ (required)
E-Mail: _____

BUILDING OWNER INFORMATION:

Business Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Cell: _____
EMERGENCY PHONE ** _____ (required)
E-Mail: _____

**** Emergency Numbers:** This is a contact phone number that the City can use to contact you after business hours in the case of an emergency.

For Official City Use Only:	Permit Number _____
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