



700 Belvoir Rd.
 Plymouth Meeting, PA 19462
 610-277-4100 (Ph.)
 610-277-4335 (FX.)
 www.plymouthtownship.org

Plymouth Township
F.O.G. Permit
Application
 FEE: \$175

Please type or print clearly

Address:	
	Date:

I. Company Name	
Name	E-Mail
Address	Phone #
City, State, Zip	Fax #

II. Contacts	
Name:	Phone #:
Address	Fax #:

III. FOG Information	
Device Make & Model	Size (Gal)
Location:	Year installed:
Maintenance Performed By:	Frequency:
Phone #:	E-Mail:
FOG Recycler:	Frequency:
Phone #:	E-Mail:

IV. Type of Facility					
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Religious Institution	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Caterer	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Club / Organization	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Coffee Shop
<input type="checkbox"/> Carry Out	<input type="checkbox"/> Bakery	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Car Wash	<input type="checkbox"/> School
<input type="checkbox"/> Others					

V. Fixtures (Amount of Each)					
<input type="checkbox"/> Deep Fryer	<input type="checkbox"/> Work Range	<input type="checkbox"/> Hot Dog Roller	<input type="checkbox"/> Garbage Grinder	<input type="checkbox"/> Presink	<input type="checkbox"/> 3 Bay Sink
<input type="checkbox"/> Grill	<input type="checkbox"/> Rotisserie	<input type="checkbox"/> Tilt Kettles	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Oven

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete. I am aware that if a permit is issued, I am responsible for payment of an annual permit fee according to Plymouth Township's most recent schedule of approved fees. I agree to comply with full maintenance and operation of the grease trap/interceptor

Applicant (Print) _____ Title: _____

Applicant Signature: _____ Date: ____/____/____

-----Do not write below this line-----

IIV. APPROVAL	
By:	Date: