



CITY OF SANTA BARBARA

Grease Interceptor/Trap Installation Conditional Variance for Installation Restrictions

(Business Representative's Name)

Representing: _____

(Print Business Name and Address)

[] 750 Gal Grease Interceptor:

I certify that the facility named above is unable to install a 750-gallon grease interceptor due to one or more of the following conditions: (please check appropriate box).

Inadequate slope

Inadequate space

(Supporting documentation must be submitted with this application and plan.)

[] 100 lb Grease Trap:

I certify that the business named above does not require a 100-lb grease trap installation due to: (please check appropriate boxes below)

No Dishwashing Machine

No Cooking Equipment (i.e. stove, oven or range)

No reusable dishes

(Supporting documentation must be submitted with this application, plans, and copy of Menu).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the Environmental Control Standard Conditions designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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 fines and imprisonment for knowing violations.

The grease interceptor installation conditional variance is not transferable to a new owner or occupant.

The person signing this variance warrants that he/she has obtained the necessary consent and authority to execute this variance, and to make this variance binding upon itself.

SIGNED: _____ Contact phone:# _____ DATE: _____

Do not write below this line)

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	REJECTED
Date of Request:			
Contact #:	Environmental Control 568-1005		
Santa Barbara City Representative:			
Date of Approval/Rejection:			
Comments:			