



# CITY OF MILTON, FLORIDA

## Fats, Oils, and Grease (FOG) Management Program

P. O. Box 909  
Milton, Florida 32572  
Telephone: (850) 983-5440  
Fax: (850) 983-5415  
Website: [www.ci.milton.fl.us](http://www.ci.milton.fl.us)

## Commercial Wastewater Discharge Permit (CWDP) Application

Article V., Division 5 of the Code of Ordinance for the City of Milton, Section 48-479 provides that:

*"...Commercial enterprises that have the potential to discharge harmful quantities of fats, oils, and grease shall be required to apply for and obtain a "Commercial Wastewater Discharge Permit (CWDP) from the City".*

Article V., Division 5 of the Code of Ordinance for the City of Milton, Section 48-479 further provides that:

*"It shall be a violation of this Division for any food service establishment or automotive related enterprises identified by the City to discharge wastewater containing fats, oils, and grease to the City of Milton's wastewater collection and transmission system without a current CWDP".*

Commercial wastewater discharge permits are issued for a period not to exceed two (2) years.

**Please do not leave any section of this application blank; use "N/A" or "Not Applicable" for sections that do not apply to your facility.** Incomplete applications will be returned and will not be considered received until complete. See attached Information and Instructions document.

New commercial wastewater discharge permits on an existing connection, which are discharging wastewater to the City's Wastewater Treatment Facility (WWF), that wish to continue such discharge, shall apply for a Commercial Wastewater Discharge Permit within thirty (30) days of notification by the City of Milton.

New commercial wastewater discharge permits for new connections, which are intending to commence discharging to the City's WWF shall apply for a Commercial Wastewater Discharge Permit sixty (60) days prior to the date upon which any discharge to the WWF will begin.

Applications for commercial wastewater discharge permit renewals must be completed and submitted a minimum of thirty (30) days prior to the expiration date of the existing commercial wastewater discharge permit.

Please mail this completed application and check or money order to:

**City of Milton Planning Department  
Attn: FOG Management Program  
P. O. Box 909  
Milton, Florida 32572**

If you have any questions or require assistance with the completion of the Commercial Wastewater Discharge Permit Application, please contact Stephen Schoen, Asst. Planner/Mitigation Specialist at (850) 983-5440 ext. 1412.

# COMMERCIAL WASTEWATER DISCHARGE PERMIT APPLICATION INSTRUCTION AND INFORMATION SHEET:

## INSTRUCTIONS:

If the facility seeking a Commercial Wastewater Discharge Permit (CWDP) is a newly built facility, or if ownership has changed or if the Facility's name has changed, check the box for **New**.

Check the box for **Renewal** if you are renewing a facility's existing CWDP.

**Section I:** Please answer the questions completely in a legible manner.

- a) Insert the name of the facility in the space provided.
- b) Insert the facilities physical address in the space provided.
- c) Insert the facility's billing/mailing address if it is different from the physical address, in the space provided.

**Section II:** Please answer the questions completely in a legible manner.

- a) Indicate what type of facility is applying for the CWDP by filling in the box that corresponds with the facility type.
- b) Indicate what items are currently located on site which are or will be connected to the City's WWF by filling in the box next to the corresponding item. Indicate the number of items in the space provided.
- c) Self-explanatory
- d) In the space provided, indicate the facilities hours of operation.

**Section III:** Please answer the questions completely in a legible manner.

- a) *Pretreatment Device* – The device installed inline to prevent Fats, Oils, and Grease from being introduced into the City of Milton Wastewater collection and transmission system.

Fill in all of the boxes that apply to the facility applying for the CWDP.

- b) If the Pretreatment Device manufacturer information is unavailable, measure the device and provide the calculated volume or the internal measurements.
- c) Answer Yes or No to indicate if the facility makes the addition of any kind of additive (chemical or other agent designed to breakdown or otherwise treat the fats, oils, and grease that have accumulated in the trap or interceptor) into the pretreatment device or into the City of Milton Wastewater collection and transmission system.

- d) Insert the product names, indicate where inline the product is introduced, and indicate how often the product is introduced in the space provided. (Include with the application the MSDS for the product being used.)

**Section IV:** Please answer the questions completely in a legible manner. Section IV is for those facilities that are renewing their existing CWDP's. New CWDP applicants, write "n/a" and go to Section V.

**Section V:** Please answer the questions completely in a legible manner.

- a) If the facility is equipped with an outdoor Grease Interceptor it is required to be pumped out on at least a quarterly basis. Prior to being permitted the facility will have contracted a Florida Licensed Grease Waste Hauler – Please provide the name and telephone number of the Hauler in the space provided.
- b) If the facility seeking a CWDP is or will be recycling its used/yellow/tallow oil, please answer Yes, if not, then answer No
- c) Provide the name and telephone number of the Florida licensed and permitted Grease Waste Hauler in the space provided.

**Section VI:** Please write your name, title, and phone number and sign the document stating that you understand.

### **IMPORTANT INFORMATION:**

*In addition to the completed CWDP Application, **new and renewing** facilities are required to submit:*

- A facility site plan with plumbing specifications; (**new and remodels only**)
- A copy of the facility menu;
- Any additional information required, including but not limited to MSDS of additives if applicable;
- A check made out to the City of Milton for the indicated CWDP Fee amount. Write *CWDP* on the check. Or an online payment of permit fee.

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*City of Milton Code of Ordinances, Part II, Chapter 48, Article V, Division 5, Section 48, Fats, Oils, and Grease Management Program, is available on the City of Milton's official website at:*

<http://www.ci.milton.fl.us/>



# City of Milton

## Commercial Wastewater Discharge (CWDP) Permit Application

New       Renewal

### Section I – General Information

(a) Establishment Name: \_\_\_\_\_

(b) Establishment Physical Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(c) Billing Address: (If different from (b) above) **DO NOT USE P.O. BOX**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

### Section II. – Facility Operation Characteristics

(a) Please choose one description that best describes the establishment:

- |  |  |
|--|--|
| <input type="checkbox"/> Food Court                      | <input type="checkbox"/> Hospital                            |
| <input type="checkbox"/> Food Manufacturer               | <input type="checkbox"/> Nursing Home                        |
| <input type="checkbox"/> Food Packager                   | <input type="checkbox"/> Assisted Congregate Living Facility |
| <input type="checkbox"/> Fast Food Restaurant            | <input type="checkbox"/> Religious Institution               |
| <input type="checkbox"/> Full Service Restaurant         | <input type="checkbox"/> School                              |
| <input type="checkbox"/> Drive through (only) Restaurant | <input type="checkbox"/> Club/Organization                   |
| <input type="checkbox"/> Seasonal Restaurant             | <input type="checkbox"/> Hotel/Motel                         |
| <input type="checkbox"/> Delicatessen                    | <input type="checkbox"/> Company/Office Building             |
| <input type="checkbox"/> Supermarket                     | <input type="checkbox"/> Ice Cream Shop                      |
| <input type="checkbox"/> Bakery                          | <input type="checkbox"/> Vehicle and Equipment Wash          |
| <input type="checkbox"/> Coffee Shop                     | <input type="checkbox"/> Automotive Repair Garage            |
| <input type="checkbox"/> Meat Market                     | <input type="checkbox"/> Gasoline Station w/ grease rack     |
| <input type="checkbox"/> Seafood Market                  | <input type="checkbox"/> Other _____                         |

(b) Please indicate each item currently connected to the City's WWF presently in the establishment and the quantity of each:

- |                         |       |                   |       |
|-------------------------|-------|-------------------|-------|
| • Grill                 | _____ | • Mop Sink        | _____ |
| • Oven                  | _____ | • Per-rinse Sink  | _____ |
| • Deep Fryer            | _____ | • Single Bay Sink | _____ |
| • Tilt Kettle/Crock Pot | _____ | • 2 Bay Sink      | _____ |
| • Dishwasher            | _____ | • 3 Bay Sink      | _____ |
| • Garbage Disposal      | _____ | • Hand Sink       | _____ |
| • Floor Drain           | _____ | • Other Equipment | _____ |

(c) Indicate the seating capacity of establishment, if applicable: \_\_\_\_\_

(d) What are the days and hours of operation? \_\_\_\_\_

**Section III. – Pretreatment Device**

(a) Indicate the type of pretreatment device(s) currently present at the above indicated facility address.

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Indoor       | <input type="checkbox"/> Grease Trap         | <input type="checkbox"/> Grease Interceptor |
| <input type="checkbox"/> Outdoor      | <input type="checkbox"/> Oil/water Separator | <input type="checkbox"/> None               |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Other _____         |   |

If there are multiple pretreatment devices available indicate how many: \_\_\_\_\_.

(b) Please provide the Grease Trap, Grease Interceptor, or Oil/water Separator specifications:

Internal Dimensions/Volume:	
Location(s) Inline:	
Manufacturer:	
Model Number:	

(c) Are there any additives placed into the plumbing or into the oil and grease removal device (i.e., enzymes, bacteria, etc.)?

- Yes                       No

(d) If the answer to question III(c) above was in the affirmative, please complete the following table and attach an MSDS for each additive:

Additive Name	Location where added	Additive Frequency


**Section IV. – Renewal Facility Information**

(a) Have there been any changes, expansions, or modifications to the above establishment’s pre-treatment device since the issue date of the establishment’s last Commercial Wastewater Discharge Permit?

- Yes                       No

(b) If the answer to question IV(a) was in the affirmative, please indicate in the following space the extent of the change, expansion, or modification that has occurred:

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(c) Have there been any changes, expansions, or modifications to the above establishment’s physical characteristics, including but not limited to the kitchen, seating area, plumbing, and general structure since the issue date of the establishment’s last Commercial Wastewater Discharge Permit?

- Yes                       No

(d) If the answer to question IV(c) was in the affirmative, please indicate in the following space the extent of the change, expansion, or modification that has occurred:

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**Section V. – Disposal (Pre-Treatment Device Dependent)**

(a) Please indicate the *name* and *contact number* of the contracted **Florida Licensed Grease Waste Hauler** which collects, removes, and disposes of the fats, oils, and grease produced at/by the above establishment in the space provided: \_\_\_\_\_, (    ) - \_\_\_\_\_

(b) Does the above establishment recycle used fryer/yellow/tallow oil or grease?

- Yes                       No

(c) If the answer to question V(b) was in the affirmative, please indicate in the following space, the *name* and *contact number* of the contracted **Florida Licensed Grease Waste Hauler** which collects, removes, and disposes of the fats, oils, and grease produced at/by the above establishment in the space provided:

\_\_\_\_\_ , (    ) - \_\_\_\_\_

**Section VI. – Authorized Signature**

I certify that I understand that pursuant to Article V. Division 5. of Chapter 48, *The City of Milton, Fats, Oils, and Grease Management Program*, of the City of Milton Code of Ordinances, that all food service establishments

and automotive related enterprises must have installed a Fats, Oils and Grease pretreatment/removal device prior to discharging into the City's Wastewater Treatment System/Sanitary Sewer System. I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false or misleading information, including but not limited to the possibility of fine and imprisonment.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (See last page for additional room for comments.)

**STOP - BELOW IS FOR CITY USE ONLY:**

**Section VII:**

Application complete?  Yes  No

Application returned to applicant for completion?  Yes  No

Date returned to applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of pre-permit inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permit to be:**  **Granted**  **Denied**

Notes/Explanation for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Application Reviewed By: \_\_\_\_\_

