RTSA

1744 Rostraver Road, Rostraver Twp, PA 15012
Telephone: 724- 930-7667 FAX: 724-9309401
Email: info@rostraversewage.com Website: www.rostraversewage.com

FOG PERMIT APPLICATION

Applications must be filled out completely. RTSA will not process an incomplete application. Please write N/A if the information being requested does not apply. Applications must be signed by an official company representative.
The permit fee ($120.00) must be submitted with the completed application, along with all required drawings and materials.

Facility/Business Information

Name of Facility/Business: _____

Facility Address: _____

_____

Mailing Address: _____

_____

Phone: _____ Email: _____

Owner Information

Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Onsite Contact Person Information

Primary Contact: _____

Title: _____

Phone: _____ Email: _____

Contact for Inspection: _____

Title: _____

Phone: _____ Email: _____

Facility/Business Type (check all that apply)

[ ] Full Service Restaurant
[ ] Fast Food
[ ] Take out Facility
[ ] School Cafeteria
[ ] Other Cafeteria
[ ] Food Preparation
[ ] Food Packager
[ ] Meat Processor
[ ] Convenience Store
[ ] Auto/Truck Repair
[ ] Oil Change Center
[ ] Car Wash
[ ] Auto Dealership

[ ] Other, please specify _____

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Seating Capacity: _____ Days/Hours of Operation: _____

Class of Work (new, addition, repair, replacement, etc.): _____

General Description of Work:

_____ __

_____

Current or Proposed FOG Devices (include type, number, size (gallons), service frequency, location, number of connections, etc.):

_____

_____

Application must be accompanied by one set of drawings and/or plumbing plans showing grease interceptor or trap specifications and calculations for all existing or proposed devices.

This permit application is to be signed by an authorized representative of your facility. **By signing this form, you certify that all statements and information submitted are to the best of my knowledge and belief true, accurate, and complete.**

Signed: _____ **Date:** _____
Applicant

Print Name: _____

For Office Use

Approved by: _____ Date: _____

Fees Due: _____ Check No.: _____

Permit No.: _____