



**CITY OF LARGO  
ENVIRONMENTAL CONTROL PROGRAM  
COMMERCIAL USER DISCHARGE  
PERMIT APPLICATION**

RETURN COMPLETED FORM TO:

CITY OF LARGO; ENVIRONMENTAL CONTROL  
5100 150th AVE. NORTH  
CLEARWATER, FL 33760  
Fax: (727) 518-3081

**SECTION A - GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

2. Facility Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

3. Designated Facility Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_

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

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

5. Owner of Premises (if different from above):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION B - WATER SUPPLY** *\*Attach a copy of your most recent water bill.*

1. Name as it appears on water bill: \_\_\_\_\_

Additional name(s), (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

2. Water Service Account Number(s):

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

## SECTION C - FACILITY OPERATIONAL CHARACTERISTICS

1. Please choose one description that best describes your facility:

- |  |  |
|--|--|
| <input type="checkbox"/> Fast Food Restaurant          | <input type="checkbox"/> Nursing Home / ALF        |
| <input type="checkbox"/> Full Service Restaurant       | <input type="checkbox"/> Hotel / Motel             |
| <input type="checkbox"/> Drive Through Only Restaurant | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Seasonal Restaurant           | <input type="checkbox"/> Club / Organization       |
| <input type="checkbox"/> Coffee Shop                   | <input type="checkbox"/> Company / Office Building |
| <input type="checkbox"/> Bakery                        | <input type="checkbox"/> Ice Cream Shop            |
| <input type="checkbox"/> Supermarket / Grocery Store   | <input type="checkbox"/> Hospital                  |
| <input type="checkbox"/> Religious Institution         | <input type="checkbox"/> Car Wash Facility         |
| <input type="checkbox"/> Laundromat                    | <input type="checkbox"/> Other                     |

2. Please indicate each item that you currently utilize in your facility and the quantity of each:

- |  |   |
|--|---|
| <input type="checkbox"/> Grill _____                   | <input type="checkbox"/> Garbage Disposal _____           |
| <input type="checkbox"/> Oven _____                    | <input type="checkbox"/> 3 Bay Pot Sink _____             |
| <input type="checkbox"/> Dishwasher _____              | <input type="checkbox"/> 2 Bay Pot Sink _____             |
| <input type="checkbox"/> Pre Rinse Sink _____          | <input type="checkbox"/> Single Bay Sink _____            |
| <input type="checkbox"/> Mop Sink _____                | <input type="checkbox"/> Hand Sink _____                  |
| <input type="checkbox"/> Deep Fryer _____              | <input type="checkbox"/> Wash Bays (Cars/Trucks) _____    |
| <input type="checkbox"/> Floor Drains _____            | <input type="checkbox"/> Washing Machines (Laundry) _____ |
| <input type="checkbox"/> Tilt Kettle / Crock Pot _____ | <input type="checkbox"/> Other _____                      |

### Kitchen Fixture Dimensions (in inches):

3-Bay Sink (Per Bay)	Length =	Width =	Depth =
Mop Sink	Length =	Width =	Depth =
Hand Sink	Length =	Width =	Depth =
Other	Length =	Width =	Depth =

3. Provide a copy of the indoor and outdoor plumbing floor diagrams, which should include the location of all water meters, facility sewer connections, grease interceptors, grease traps, sinks, floor drains, dishwashers, wash bays, lint traps, oil water separators, restrooms, etc.

4. What is the seating capacity at your facility? \_\_\_\_\_

5. What are the days and hours of operation? \_\_\_\_\_

6. Does the facility use disposable products to serve food (ie. paper and/or plastic plates and serving utensils)? \_\_\_\_ Yes \_\_\_\_ No

7. Is the facility undergoing remodeling of the food prep area? \_\_\_\_ Yes \_\_\_\_ No

## SECTION D - WASTEWATER DISCHARGE INFORMATION

1. Please check the item which best describes your current wastewater discharge.

- Existing Sewer Discharge                       Proposed (new) Sewer Discharge  
 Existing Septic System

2. Are there any changes or expansions planned in the next year that could altar the wastewater volumes or characteristics?

- Yes     No

3. If yes to question 2 above, briefly describe these changes and their effects on the wasetwater volume and characteristics. (Attach additional sheets if needed.)

---

---

---

## SECTION E - TREATMENT

1. Do you have an underground or an under-sink grease trap/interceptor, lint trap or oil/water separator?

- In-ground Grease Interceptor                       Under-sink Grease Trap  
 Both In-ground & Under-sink                       Lint Trap  
 Oil/Water Separator

2. Complete the following for all devices:

a. Make and Model: \_\_\_\_\_  
Location (kitchen, parking lot, etc.): \_\_\_\_\_  
Capacity of device: \_\_\_\_\_

b. Make and Model: \_\_\_\_\_  
Location (kitchen, parking lot, etc.): \_\_\_\_\_  
Capacity of device: \_\_\_\_\_

3. If the INDOOR grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?

- Trash
- Waste Hauler disposes of grease
- Recycle
- Other (explain): \_\_\_\_\_

4. If a contractor/grease hauler cleans the device(s), please list the following:

a. Waste Hauler Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

b. Waste Hauler Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

5. How often are the device(s) being cleaned/pumped? \_\_\_\_\_

**ATTACH A COPY OF YOUR MENU AND GREASE INTERCEPTOR/TRAP SIZING WORKSHEET TO THE APPLICATION**

I certify under penalty of the law that all information submitted is, to the best of my knowledge true, accurate and complete. I agree to abide by the regulations contained in the City of Largo Code of Ordinance as well as any other applicable Federal, State or Local regulations. I am aware that there are significant penalties for submitting false information.

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

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