

Agency Use Only	
PERMIT No.:	_____
NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
SIC/ID No.:	_____
GREASE	_____
TRAP SIZE:	_____

**CITY OF SANTA MARIA
UTILITIES DEPARTMENT**
Regulatory Compliance Division



**INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION
FOOD SERVICE ESTABLISHMENTS**

All businesses within the City of Santa Maria are required to complete an industrial wastewater discharge permit application. Use current operating data, if available, or your best estimate based on similar types of businesses. Please answer all questions.

1. Company Name: _____
2. Facility Address: _____
3. Mailing Address: _____
4. Email Address: _____
5. Phone Number: _____ FAX Number: _____
6. Facility Contact (Provide the name, title and phone number of a designated person to contact if additional information is required):

7. Property Owner: _____
8. Nature of Business: Walk-In Drive-In Both
9. What is the most convenient time of the work day for Regulatory Compliance personnel to visit your facility?
_____ a.m. / p.m. to _____ a.m. / p.m.
10. a. Number of Employees: _____ Seating Capacity: _____
b. Days & Hours of Operation: _____
11. Types of Food Prepared: _____
12. Method of Food Preparation (grill, fryer, stove, etc.): _____
13. Does your facility have a greasetrapp / interceptor ? Yes No If yes, give name and capacity of trap and ***how often is it cleaned and by whom:***

14. List chemicals which may be carried into the sewer system by wastewater from processes, floor drains, rinse waste, cleanup, etc. (attach separate sheet(s) if necessary):

I hereby affirm that all information furnished is true.

Completed by (***please print***): _____

Name/Title: _____ Phone No: (____) _____

Signature: _____ Date: _____

Please Return to:
City of Santa Maria - Utilities Department
Regulatory Compliance Division
2065 East Main Street
Santa Maria, CA 93454
FAX (805) 928-7240
Email: regulatorycompliance@cityofsantamaria.org