## CITY OF ABBEVILLE GREASE TRAP APPLICATION (BUSINESSES SERVING OR PREPARING FOOD)



BU: BU: BU:	SINESS PHYSICAL ADDRESS: SINESS OWNER PHONE: (HOME)		(CELL)			
EM.	AIL ADDRESS:					
1.	Has the facility for which this application is hereby made been previously permitted by the Department of Health and Hospitals for the purpose of operating a Retail Food Establishment?    YES   NO					
2.	Will the occupancy classification (i.e., bar, restaurant, grocery) of the business for which you are applying remain exactly the same as the previous business? $\Box$ YES $\Box$ NO					
3.	Name the responsible agent if different from the business owner: Phone #: Email: Mailing Address:					
	4. Type of Business:  Bakery Bar	Grocery deli (kitchen) Grocery Packaged Only Group Home # residents	<ul> <li>☐ Hospital/Clinic Cafeteria</li> <li>☐ Meat Market</li> <li>☐ Nursing Home Cafeteria</li> <li>☐ Restaurant</li> </ul>	□ Restaurant/Bar □ Seafood Market		
5.	Type of Submission:  □ change of existing business ownership only  □ conversion of non-food establishment to food establishment  □ new construction of retail food establishment  □ renovation/remodel of existing retail food business		<ul> <li>□ reopening of previously closed food establishment. How long was it closed?</li> <li>□ change of existing retail food business and property ownership</li> <li>□ other – be specific:</li> </ul>			
6.	If increasing the square footage of t	he business or the usable	area, indicate the following:			
	Existing Footage:	Proposed Square Footage Change: Total				
7.	Total square footage of businessUsable square footage of business(Note: According to La State Plumbing Code, the usable square footage is the total square footage minus kitchen, toilets, halls, and heating-ventilation-air space. Do not subtract space for shelving, tables, or any equipment that is not permanently attached).					
8.	Plumbing:					
	Restrooms:  Ladies # of toilets # hand washing stations  Other Plumbing		Men# of toilets# urinals# hand washing stat	tions		
	•	- N/A (state reason)				
	# of water fountains		ding 3 compartment sink) ¬ VES			
0						
9.	Grease trap size provided or propos (Note: It is recommended that specificathe device.)  What is the method of garbage/wast		se interceptor are submitted and appr	roval received prior to purchasing		

REQUIREMENTS FOR GR	EASE TRAP PERI	<u>TIN</u>						
Submit plans, c	ication with Permit Irawn to scale with wing and dimension tures if available	dimensions, including t	the following:					
	Pay for permit once grease trap application has been approved.							
	FLOOR PLAN IS	S REQUIRED (HAND-D	DRAWN OR PROFESSIONALLY DRAFTED)					
Electronic Signature Agre	ement							
I understand and agree that my application will be signed electronically when I type the information on the lines below AND select the check box below. I also understand that my electronic signature means that I intend to apply for this permit/application and have provided the City of Abbeville with accurate information.								
best of my knowledge. I und	derstand that anyo	ne who knowingly gives	e information on this application, and it is true and correct to the s a false or misleading statement about a material fact in this rime and may be sent to prison or may face other penalties, or					
Signature of person prepari	ng this form		Date of Signature					
Print Name of person prepa	ring this form		Print Title of Person preparing this form					
□ I have read and agree wit	h the statements a	above.						
Upon completion of this form This form along with drawing			partment. s Building Code Enforcement Officer for compliance.					
CONTACT INFORMATION	CONTACT INFORMATION: City of Abbeville, Permit Dept. (337)898-4213 Building Code Enforcement Officer (337)893-8397							
Plan Review and Inspection	Fee: \$125.00 (this	s fee must be paid befor	re occupancy is granted)					
For Office Use Only:		. – . – . –						
•	□ Approved	□ Denied						
Signature of BCEO			Date					
check box below my approv	al/denial will be sig	gned electronically. I als	gree that when I type my name on the above line and select the so understand that my electronic signature means that I ation and have provided the City of Abbeville with accurate					
best of my knowledge. I und	derstand that anyo	ne who knowingly gives	e information on this application, and it is true and correct to the s a false or misleading statement about a material fact in this rime and may be sent to prison or may face other penalties, or					
□ I have read and agree wit	h the statements a	ahovo						