



City of Marco Island

August 1, 2017

Dear Food Service Facility Owner:

SUBJECT: THIS IS THE ANNUAL GREASE DAMAGE PREVENTION PERMIT. DO NOT USE THIS PERMIT FOR NEW INSTALLATIONS, MODIFICATIONS OR REPAIRS OF GREASE TRAPS, INTERCEPTORS OR SEPARATORS.

The expiration date of the Annual Grease Damage Prevention (GDP) Permit is December 31, 2017. For your convenience, we have enclosed the Annual GDP permit application form. The completed Annual GDP permit can be submitted starting August 1, 2017 and received no later than November 1, 2017.

The following documents must be submitted to the City prior to November 1st each year:

- Annual Use GDP permit Form 10b signed by the business owner (use the attached form).
 - a) Submit clear color photos of the grease trap/interceptor before and after pumping, showing the top, surrounding area, and the piping inside of each chamber. For under-sink traps provide clear color photos showing location and pipe configuration inside and outside of the empty trap.
 - b) Restaurant Seating Chart and Menu.
 - c) Annual pump-out record/log. Submit a copy of the pump-out record/log that is required to be posted in the kitchen area and pump out receipts of interceptor maintenance with date of service, name of the company, and phone number.
 - d) Proof of disposal according to City, County, and State regulations is required for each service that is performed from the licensed septic tank service company.

When the grease interceptor meets minimum requirements and the required documentation are received and approved, then the annual GDP permit for 2018 will be issued. If the annual permit cannot be issued for any reason, you will be notified as soon as possible. **Properties with multiple food service facilities must submit a separate application for each facility.**

We will accept your submittal by hand delivery or mail to City Hall, 50 Bald Eagle Drive, Marco Island, FL 34145 or email to khayman@cityofmarcoisland.com. The City e-mail system will only allow 10 megabytes, if your e-mail is too large, multiple e-mails will be required. You may also find the forms electronically at www.cityofmarcoisland.com. If you have any questions please contact Patrick Hayman 239-389-3977.

Thank you,

Bart Bradshaw

Bart Bradshaw
Collections/Distributions Manager

City of Marco Island
50 Bald Eagle Drive, Marco Island, Florida 34145
Ph: 239-389-5000



City of Marco Island

ANNUAL GREASE DAMAGE PREVENTION PERMIT PROCESS CHECKLIST

PLEASE USE THE CHECKLIST BELOW WHEN GATHERING YOUR INFORMATION FOR SUBMITTAL. PROPERTIES WITH MULTIPLE FOOD SERVICE FACILITIES MUST SUBMIT A SEPARATE APPLICATION FOR EACH FACILITY. IF THE ITEMS LISTED BELOW ARE NOT INCLUDED IN FULL, YOUR APPLICATION WILL BE REJECTED, AND NON-COMPLIANCE FEES MAY BE ASSESSED.

- COMPLETED ANNUAL USE GDP PERMIT FORM (10b)
- CLEANING RECIEPTS
- PROOF OF DISPOSAL WITHIN STATE/COUNTY GUIDELINES
- FOOD SERVICE FACILITY'S AUTHORIZED SIGNATURE
- CLEAR COLOR PHOTOGRAPHS OF CLEAN AND EMPTY GREASE INTERCEPTOR/
UNDER SINK TRAP SHOWING PIPING INSIDE AND SURROUNDING AREA
- GREASE INTERCEPTOR/TRAP CLEANING RECORD/LOG THAT IS POSTED IN KITCHEN
- INDOOR AND OUTDOOR RESTAURANT SEATING CHART
- COPY OF MENU



PLUMBING – ANNUAL USE GREASE DAMAGE PREVENTION PERMIT

10b

Application Date: _____

Annual Use GDP Permit #: GT2018 - _____

Submit Permit prior to November 1, 2017

Permit Expiration Date: December 31, 2018

Note: This permit is only for the annual verification that the required grease traps or interceptors are in the correct working order. This permit is not for the installation, modification or repair of a grease trap or interceptor. A separate permit must be obtained by a licensed contractor to install, modify or repair a grease trap, interceptor or separator.

SECTION A – GENERAL INFORMATION

1. **FACILITY NAME:** _____
2. **FACILITY STREET ADDRESS:** _____
CITY: _____ STATE: _____ ZIP: _____
3. **BUSINESS MAILING (IF DIFFERENT FROM 2 ABOVE)**
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
4. **OWNER OF PROPERTY (IF DIFFERENT THAN FACILITY)**
NAME: _____ TELEPHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
5. **DESIGNATED FACILITY EMERGENCY CONTACT**
NAME: _____ TELEPHONE: _____
TITLE: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Regulations and Information

1. City of Marco Island Building Services is regulated by the Florida Building Code, Plumbing. For more information about the code or to purchase the code visit: <http://www.floridabuilding.org>
2. Marco Island Ordinance Chapter 52, Sec 52-124 (c) (1) and (d) (1) states that each facility shall be responsible for the costs of installing, inspecting, pumping, cleaning and maintaining its grease trap/interceptor. Records shall be maintained by the property owner and posted in the kitchen, office, or discharge area, showing the date and company's name that performed the cleaning, pump out, inspection and maintenance.
3. Required access: The permit holder shall provide City staff with access to the grease trap or interceptor for inspection purposes, as provided in Sections 52-124 (d) (4) and 52-125 (g) (2).

4. Required documents (Submit to the City **prior to November 1st** each year):
 - a) This form, completed by the business owner.
 - b) Annual Inspection report, performed by a licensed/registered septic tank service company, with accompanying clear color photos (see **Section C**).
 - c) Seating chart and copy of Menu
 - d) Annual pump-out record, copy of same document posted in the kitchen.
5. Fee: There is no fee for this Annual Use FOG permit/however Annual Use FOG Permit is required.
6. The approved annual use permit will be provided to the business owner when compliance is determined.

SECTION B – FACILITY TYPE

1. Please chose the description that best describes your facility:

<input type="checkbox"/> FAST FOOD RESTAURANT	<input type="checkbox"/> BAKERY/SANDWICH SHOP
<input type="checkbox"/> FULL SERVICE RESTAURANT	<input type="checkbox"/> SUPERMARKET
<input type="checkbox"/> TAKE OUT (ONLY) RESTAURANT	<input type="checkbox"/> HOTEL/MOTEL
<input type="checkbox"/> COFFEE SHOP	<input type="checkbox"/> CLUB/ORGANIZATION
<input type="checkbox"/> ICE CREAM SHOP	<input type="checkbox"/> RELIGIOUS INSTITUTION
<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> OTHER _____	

SECTION C – INSPECTION (to be completed by Registered pumping Contractor)

1. Do you have a grease interceptor (outside) or grease trap (under sink)?

<input type="checkbox"/> INTERCEPTOR	<input type="checkbox"/> TRAP	<input type="checkbox"/> BOTH	<input type="checkbox"/> NONE
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2. Location of Trap/Interceptor: _____ Size of Interceptor: _____ (gals) Size of Under Sink Trap: _____ (lbs/gals)
3. Number of times per year Interceptor/Trap cleaned? _____ (**Provide pumping receipts**)
4. Is existing grease interceptor/trap structurally sound, in good working order and water tight?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	List Defects: _____
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(Attach clear color photos of interceptor before and after pumping)
5. Are there any additives placed in the plumbing, grease interceptor or grease trap (i.e. enzymes, bacteria, degreaser etc.)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. If a contractor cleans the indoor or outdoor grease removal device(s), please list the following:

Contractor Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Pumping Contractor's Signature: _____
7. If the indoor/under sink grease trap is being maintained on-site, how do you dispose of the waste after cleaning the trap?

<input type="checkbox"/> Trash	<input type="checkbox"/> Contractor disposes of grease	<input type="checkbox"/> Other: _____
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SECTION D – RECYCLING

1. Do you recycle the cooking oil used at your facility?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Which company recycles your cooking oil?

3. Recycling container on site?
4.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Are spill clean-up measures implemented?
(Example – kitty litter, absorbent towels, etc.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION E – RECORDS

1. Where are the grease interceptor/trap maintenance records kept?

2. What are the days and hours of operation? (Be specific – “until close” is not acceptable)

3. Number of restaurant seats:
Inside seats: _____ Outside Seats: _____ Bar Seats: _____
4. Number of Parking spaces: _____
5. Peak Number of meals ever served per 24 hour period: _____
6. Please provide:
 - a. ***This form completed in its entirety***
 - b. ***Copy of menu and seating chart***
 - c. ***Pumping/cleaning log and receipts***
 - d. ***Clear color photos of interceptor before and after pumping***

AUTHORIZED REPRESENTATIVE STATEMENT:

I certify that I have received and read Sections 52-122 to 131 of the Marco Island City Code and understand that **all** food service facilities must have a properly sized grease removal device to prevent discharge of fats, oils, grease (FOG), and other substances harmful to Marco Island Utilities sewer system, treatment plant or processes. For the facilities **without** a FOG removal device, this requirement shall be met when the facility applies for any type of permit from the City or by July 18th, 2018, whichever comes first.

I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly 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 that there are significant penalties for submitting false information, including the possibilities of fine and imprisonment for knowing violations.

Print Name

Title

Signature

Date

Submit to: Patrick Hayman, Marco Island Utilities 50 Bald Eagle Drive, Marco Island FL, 34145 or Email: KHayman@cityofmarcoisland.com Phone: 239-389-3977

CITY USE ONLY		
City Approval		
_____ Approved by (print name)	_____ Approved by (signed name)	_____ Date

