



City of Marco Island

August 1, 2023

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 OR INTERCEPTORS.

The expiration date of the Annual Grease Damage Prevention (GDP) Permit is December 31, 2023. For your convenience, we have enclosed the Annual GDP permit application form. The completed Annual GDP permit can be submitted starting August 1, 2023, and received **no later than** November 1, 2023. Permits submitted **after** the deadline will be assessed non-compliance fees up to \$500 on the Water/Sewer bill.

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

- a) Annual Use GDP permit Form 10b **signed** by the business owner (the attached form).
- b) Submit **clear color photos** of the grease trap/interceptor **before and after** pumping.
- c) Grease trap inspection record (**Section C**) **signed by registered Grease Hauler**.
- d) Restaurant Seating Chart and Menu.
- e) A copy of the pump-out record/log and pump out receipts from registered Grease Hauler with date of service, name of the company, and phone number.
- f) Proof of disposal according to City, County, and State regulations is required for each service that is performed from the registered Grease Hauler.

When the grease interceptor meets minimum requirements and the required documentation are received and approved, then the annual GDP permit for 2024 will be issued. If the annual permit cannot be issued for any reason, you will be notified as soon as possible.

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

ANNUAL GREASE DAMAGE PREVENTION PERMIT PROCESS CHECKLIST

PLEASE USE THE CHECKLIST BELOW WHEN GATHERING YOUR INFORMATION FOR SUBMITTAL. IF THE ITEMS LISTED BELOW ARE NOT INCLUDED IN FULL, YOUR APPLICATION WILL BE REJECTED, AND NON-COMPLIANCE FEES WILL BE ASSESSED ON YOUR WATER/SEWER BILL.

- **COMPLETED AND SIGNED ANNUAL USE GDP PERMIT FORM (10b)**
- CLEAR **COLOR** PHOTOS OF INSIDE GREASE TRAP BEFORE & AFTER CLEANING
- GREASE TRAP INSPECTION (SECTION C) **SIGNED BY GREASE HAULER**
- RESTAURANT SEATING CHART AND MENU
- COPY OF CLEANING RECORD/LOG AND RECEIPTS FROM GREASE HAULER
- HAULER DISPOSAL MANIFEST FOR EACH SERVICE



PLUMBING – ANNUAL USE GREASE DAMAGE PREVENTION PERMIT

10b

Application Date: _____

Annual Use GDP Permit #: GT2024 - _____

Submit Permit prior to November 1, 2023

Permit Expiration Date: December 31, 2024

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 or interceptor.

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. 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 Registered Grease Hauler that performed the cleaning, pump out, inspection and maintenance.
2. 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).
3. Required documents–See attached checklist (Submit to the City **prior to November 1st** each year)
4. Fee: There is **no fee** for this Annual GDP permit if submitted **before November 1st**.
5. 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/DELI |
| <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 REPORT (to be completed by Registered Grease Hauler)

1. Type of grease trap at your facility?
 INGROUND TANK UNDER SINK BOTH
2. Location of Grease Trap: _____ Size of Grease Trap: _____ (gals) Size of Under Sink Trap: _____ (lbs/gals)
3. **Number of times past 12 months Trap cleaned:** _____ **(Provide ALL pumping receipts)**
4. Is existing grease trap structurally sound, in good working order and watertight?
 Yes No List Defects: _____
(Attach clear color photos of inside of grease trap before and after pumping)
5. Are there any additives placed in the plumbing, grease interceptor or grease trap (i.e. enzymes, bacteria, degreaser etc.)? Yes No
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. Does ALL fixtures and equipment with grease-laden waste located in food preparation areas drain into the grease trap/interceptor?
 Yes No

SECTION D – RECYCLING

1. Do you recycle the cooking oil used at your facility?
 Yes No
2. Which company recycles your cooking oil?

3. Recycling container on site?
 Yes No
4. Are spill clean-up measures implemented?
(Example – kitty litter, absorbent towels, wet/dry vacuum, etc.)
 Yes No

SECTION E – RECORDS

1. Where are the grease 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 and signed***
 - b. ***Copy of menu and seating chart***
 - c. ***Pumping/cleaning log and ALL receipts from Registered Grease Hauler***
 - d. ***Clear color photos of inside of grease trap before and after cleaning***
 - e. ***Grease Hauler Manifest***

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. I also certify that all fixtures and equipment with grease-laden waste located in food preparation areas drain into the grease trap. I understand that an under-sink grease trap is required to be inspected weekly and **cleaned monthly**. Facilities with an inground grease interceptor shall be required to pump a **minimum of four times per year**. Additionally, FSFs with over 100 seats **shall pump monthly** in January, February, March and April during “season”.

I further certify under penalty of law that this document and all attachments were prepared under my direction or supervision to ensure their accuracy. 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.

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



**GREASE TRAP OR INTERCEPTOR
CLEANING RECORD
KEEP POSTED IN KITCHEN AREA**



COMPANY	DATE PUMPED	Hauler/Manager SIGNATURE

*Attachment to Annual Grease Damage Prevention Permit Form 10b –
Submit to: Patrick Hayman, Marco Island Utilities 50 Bald Eagle Drive, Marco Island FL, 34145 or
Email: KHayman@cityofmarcoisland.com /239-389-3977*