

Self Cleaner Permit No. _____



Application for Grease Trap Self-Cleaning Operator

Business Name: _____

Street Address: _____

Mailing Address: _____

Grease Trap Operator Name: _____

Title: _____ Phone No. _____

Size of Grease Trap/Interceptor: _____ Gallons

Description of Maintenance: _____

Method of Disposal: _____

Method of Cleaning: _____

I, the self cleaner agree to adhere to all the requirements, procedures and detailed record keeping outlined in City of La Vernia Ordinance regulating wastewater and grease traps. A maintenance log shall be kept in accordance with the Ordinance. I further understand that violations of the requirements for grease trap self-cleaners are subject to enforcement action including fines and/or removal from the self-cleaner program.

Self Cleaner Signature and Printed

Date

Office Use Below This Line

Received by: _____

Date: _____

Approved

Denied

_____ (initials)

Date: _____