



# GREASE INTERCEPTOR APPLICATION

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ TAX LOT NO. \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(if different than above)

OWNER / LESSEE (circle one)

PROPOSED INTERCEPTOR CAPACITY: \_\_\_\_\_ (GAL.)

MANUFACTURER/MODEL: \_\_\_\_\_

INTERIOR/EXTERIOR                      FRONT/REAR                      FIRST FLOOR/BASEMENT

PROVIDE PLUMBING AND SITE PLANS THAT INDICATE PROPOSED LAYOUT:

NO. SINKS: \_\_\_\_\_ SIZE: \_\_\_\_\_ DISHWASHER(S): \_\_\_\_\_

TYPE OF COOKING EQUIPMENT: \_\_\_\_\_

DAYS/WEEK OPEN: \_\_\_\_\_ HOURS: \_\_\_\_\_

NUMBER SEATS: \_\_\_\_\_

PROPOSED INSTALLATION DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMIT APPLICATION, KITCHEN EQUIPMENT DATA, FEE, AND SUPPORTING DOCUMENTATION TO:

**Oyster Bay Sewer District  
15 Bay Avenue  
Oyster Bay, NY 11771-1506**