

Central Contra Costa Sanitary District (CCCSD)

Title 10 Grease Removal Variance Application

Facility Information:

Facility Name: _____

Facility Address: _____

City State Zip Code

Owner Name: _____ Phone #: _____

Applicant Information (if different from above):

Last Name: _____ First Name: _____

Company: _____ Phone #: _____

Mailing Address: _____

City State Zip Code

Grease Removal Variance Request:

The above named facility requests a variance from CCCSD's grease removal requirements based on the following conditions:

- Site conditions and/or space constraints prevent the installation of an outside grease interceptor as required; therefore, interior grease traps are requested as an alternative.
Space constraints prevent the proper installation of grease traps as required; therefore, a reduction in the size and/or number of grease traps is requested as an alternative.
Nature of business activities, site conditions, and/or space constraints prevent installation of any grease removal devices.

Variance request details (e.g. site conditions, space constraints, etc.):
Please provide a site plan or kitchen layout supporting the variance request

Proposed Alternative (provide details of alternative on site plan):

Central Contra Costa Sanitary District Review (for CCCSD use only)

Route completed application with supporting documents to Environmental Compliance for review
Date Routed: _____

Variance Request Decision: [] Approve [] Modify [] Deny

Details of Decision:

_____ Date _____ Phone Number _____