Facility Information:

Facility Name: ____________________________________________________________

Facility Address: ______________________________________________________________________________________________________

Owner Name: _______________________________ Phone #: _______________________________

Authorized Representative: ___________________________ Phone #: _______________________________

(if different)

Signature: _______________________________ Date: _______________________________

Owner or Authorized Representative

By applying for a grease removal installation variance, the business operator acknowledges that installation of a device smaller than is normally required may require more frequent maintenance to remain in compliance with Central San’s regulations for the accumulation of grease and solids inside the device.

Grease Removal Variance Request:
The above named facility requests a variance from Central San’s grease removal requirements based on the following conditions (choose one):

- Variance from Required Grease Interceptor: 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.

- Variance from Required Grease Trap(s): Site conditions and/or 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.

- Variance from Required Grease Removal Device: 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.):

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

*Please provide a site plan or kitchen layout supporting the variance request

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

Route completed application with supporting documents to Environmental Compliance for review

Date Routed: _______________________________

Variance Request Decision:  □ Approve  □ Modify  □ Deny

Details of Decision: _______________________________

Environmental Compliance Inspector __________________ Date __________________ Phone Number __________________