

Fats, Oil and Grease (FOG) Program  
701 E. Las Vegas St.  
Colorado Springs, CO 80903  
Phone: (719) 448-4800  
Email: FOG@csu.org



For Office Use Only

Date Rec'd: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_

## GREASE TRAP/GREASE INTERCEPTOR VARIANCE REQUEST FORM

**Instructions: Please complete this form in its entirety. If a section does not apply to your request, please write "NA." Incomplete forms will delay the review process.**

### Section A – Contact Information

Business Name: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ CO \_\_\_\_\_  
*Street City Zip Code*

Business Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street City State Zip Code*

Email Address: \_\_\_\_\_

**Contact Person(s) authorized to represent this business with Colorado Springs Utilities representatives:**

Name:	Title:	Phone:	Email:
_____	_____	_____	_____
_____	_____	_____	_____

### Section B – Variance Description

**Please describe why you are requesting a variance from the standard grease interceptor requirements. For example, if you are requesting a non-standard grease control device or an internal grease trap due to distance requirements, please indicate your request here. If this is for a shell project and the planned use is unknown, please specify here.**

### Section C – Type of Establishment

**If this will be a Food Service Establishment (FSE), what type of FSE? Check the most appropriate choice(s):**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Full Service Restaurant        | <input type="checkbox"/> Fast Food                         | <input type="checkbox"/> Bar          | <input type="checkbox"/> Coffee Shop           |
| <input type="checkbox"/> Market (Grocery)               | <input type="checkbox"/> School Food Program               | <input type="checkbox"/> Deli         | <input type="checkbox"/> Catering Operation    |
| <input type="checkbox"/> Cafeteria                      | <input type="checkbox"/> Fish/Meat Market                  | <input type="checkbox"/> Concession   | <input type="checkbox"/> Gas/Convenience Store |
| <input type="checkbox"/> Manufacturer with Retail Sales | <input type="checkbox"/> Manufacturer without Retail Sales | <input type="checkbox"/> Other: _____ |  |

**Section C – Type of Establishment (continued from pg. 1)**

**What type of food service license does this facility hold?**

- |   |  |
|---|--|
| <input type="checkbox"/> No fee license (K-12 schools, non-profits) | <input type="checkbox"/> Restaurant (>200 seats)   |
| <input type="checkbox"/> Limited food service (convenience, other)  | <input type="checkbox"/> Grocery Store (Under 15,001 ft <sup>2</sup> ): <input type="checkbox"/> w/ deli <input type="checkbox"/> w/o deli |
| <input type="checkbox"/> Restaurant (0-100 seats)                   | <input type="checkbox"/> Grocery Store (Over 15,000 ft <sup>2</sup> ): <input type="checkbox"/> w/ deli <input type="checkbox"/> w/o deli  |
| <input type="checkbox"/> Restaurant (101-200 seats)                 | <input type="checkbox"/> Mobile unit: <input type="checkbox"/> prepackaged <input type="checkbox"/> full food service                      |

**Insert hours below in the following format: 8am to 8pm**

**If there is a break in the hours you are open, use the second line to insert additional hours.**

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:	to	to	to	to	to	to	to
Hours:	to	to	to	to	to	to	to

**Maximum seating capacity (inside and out):** \_\_\_\_\_

**Estimated number of meals served per day:** \_\_\_\_\_

**Square footage of facility:** \_\_\_\_\_

**Section D – Kitchen Equipment**

**What type of tableware (e.g. plates, bowls, cups, flatware) does your facility use? Check all that apply:**

- Re-usable / Washable                       Disposable                       Both

**If your facility has a dishwasher, please indicate the quantity, type, and tank capacity:**

Quantity: \_\_\_\_\_  Conveyor Type     Door Type     Undercounter Type                      Tank Capacity (gal.): \_\_\_\_\_

**Does your FSE have any of the following equipment? Check all that apply:**

- |                                     |                                    |   |   |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Deep fryer | <input type="checkbox"/> Boiler    | <input type="checkbox"/> Garbage Disposal         | <input type="checkbox"/> Hot Grill                  |
| <input type="checkbox"/> Rotisserie | <input type="checkbox"/> Wok Range | <input type="checkbox"/> Ice Machine (with drain) | <input type="checkbox"/> Warming Table (with drain) |

**Section E – Drainage Fixtures**

**List the number of each type of fixture in your Food Service Establishment and the dimensions of each compartment/sink. Use additional sheets if needed to document all sinks and drains that may receive grease laden wastewater (excluding bathroom fixtures).**

**Number of 3-compartment sinks:** \_\_\_\_\_

Compartment	Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches (L x W x H)
1				
2				
3				

**Section E – Drainage Fixtures (continued from pg. 2)**

**Number of 2-compartment sinks:** \_\_\_\_\_

Compartment	Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ( <i>L x W x H</i> )
1				
2				

**Number of Pre-Rinse sinks:** \_\_\_\_\_

Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ( <i>L x W x H</i> )

**Number of Prep sinks:** \_\_\_\_\_

Length (inches)	Width (inches)	Depth (inches)	Total Cubic Inches ( <i>L x W x H</i> )

**Number of floor sinks and floor drains:** \_\_\_\_\_

**Number of mop/utility sinks:** \_\_\_\_\_

**List any other sinks/drains in facility (e.g. dump sinks, hand sinks, pitcher rinsers, etc.):**

**Does your facility have any of the following grease control device(s) (GCD) already installed?**

- Inside Grease Trap                      Grease Sludge Capacity (pounds): \_\_\_\_\_
- Outside Grease Interceptor              Liquid Holding Capacity (gallons): \_\_\_\_\_

**If a yes to any of the above, please answer the following questions:**

**Where is the GCD located?** \_\_\_\_\_

**Who cleans/services the GCD?** \_\_\_\_\_

**How frequently is the GCD cleaned/serviced?** \_\_\_\_\_

How does your facility dispose of the following?

Solid grease (e.g. grill scrapings, bacon grease, etc.): \_\_\_\_\_

Liquid grease (fryer oil): \_\_\_\_\_

Food scraps: \_\_\_\_\_

**Section F – Food Preparation**

Indicate the type of foods prepared on-site and the method of preparation (e.g. baked, fried, grilled, etc.):

If you have a deep fryer, how much fryer oil is stored on-site? \_\_\_\_\_ gallons

If meats, fish and/or poultry are used, indicate whether it is delivered pre-cooked or prepared and cooked on-site:

**Below is a checklist of required information/documentation required to complete the variance request review process. Please ensure all information is included. *\*Lack of complete information will delay the review process\****

- Facility Floor Plan/Equipment Layout
- Plumbing Plans and Schedules
- Site Plan – including wastewater service line location(s)
- Menu and Food Handling/Preparation Procedures

**Completed request and required documentation can be submitted via the following:**

**Email (preferred):** [FOG@csu.org](mailto:FOG@csu.org)  
**Mail or Drop-off:** Colorado Springs Utilities  
Attn: FOG Program  
701 E. Las Vegas St.  
Colorado Springs, CO 80903

**Questions?**

**Call:** (719) 448-4800

**\*Typical turn-around time for the Variance Request review process is 10-14 business days\***