



**WASTEWATER DISCHARGE PERMIT APPLICATION  
RESTAURANTS / FOOD SERVICE**

**PART A – BASIC INFORMATION**

**A1. Business Discharging Wastewater** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Business Emergency Phone # \_\_\_\_\_

**A2. Business Mailing Contact** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**A3. Owner/ Responsible Party** \_\_\_\_\_

Title \_\_\_\_\_

Office Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

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

**A4. On Site Contact** \_\_\_\_\_

Title \_\_\_\_\_

Office Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

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

**CONTINUE TO NEXT PAGE**



**SEBASTOPOL**  
Local Flavor. Global Vision.



**PART B - BUSINESS DESCRIPTION**

**B1. Type of Business:**

Restaurant  Food Manufacturing  Wholesale  Retail

Products Produced or Services Rendered:

Dishwasher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Garbage Grinder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wok Stove	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deep Fat Fryer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grease Removal Device	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, type \_\_\_\_\_ Size \_\_\_\_\_

**B2. Hours of Operation: \_\_\_\_\_**

**PART C - BUILDING LAYOUT**

**KITCHEN / FOOD PREPARATION LAYOUT REQUIRED FOR ALL NEW BUILDINGS OR TENNANT IMPROVEMENT SUBMITTALS**

Show the location of all sinks (hand, pots & pans, prep), floor drains, dishwashers and disposals including sewer plumbing diagram. Also indicate location and plumbing plans for all grease removal equipment (grease traps / interceptors). Building plumbing blueprints with equipment location indicated are acceptable.

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This document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

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**Responsible Person**

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**Date**

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**Print Name**

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**Title**

**This document must be signed by the most responsible person of the organization applying for the discharge permit. This includes the owner, president, corporate officer, or any other representative of the organization in a decision-making capacity. The person signing this document is legally responsible for all information contained herein, and becomes liable for any and all future enforcement actions.**

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**Submit To:  
City of Santa Rosa  
Environmental Compliance Section  
4300 Llano Road, Santa Rosa, CA 95407  
Phone: (707) 543-3369  
Fax: (707) 543-3398  
envcompliance@srcity.org**