



"A City for All Ages"

PSLUSD Grease Management Plan Review

Please provide all information requested. Failure to do so will result in an extended review process.

Authorized Representative Information

1. Legal Owner Name: _____
(i.e. My Restaurant LLC)

Legal Owner Address: _____
Street City State Zip Code

Legal Owner E-Mail _____ Legal Owner Phone _____

Legal Owner Cell Phone _____ Legal Owner Fax _____

2. Local Contact Name: _____

Local Contact Company and Name: _____

Local Contact Address: _____
Street City State Zip Code

Local Contact E-Mail _____ Local Contact Phone _____

Local Contact Cell Phone _____ Local Contact Fax _____

3. Where do you want future mailings sent? Facility Local Contact Legal Owner

This is the person that PSLUSD directly contacts with questions about the plan review and construction and will receive the plan review comments.

Facility Information

4. Is this new construction or a tenant improvement? Is building free standing or located in a strip center?

5. Square footage of facility: _____ ft² Seating Capacity: _____ seats (include bar seats and outdoor seating)

6. Current Name of facility: _____ Phone: _____

7. Current Name of plaza/shopping center: _____

Facility Address: _____
Street City State Zip Code

Mailing address for above (if different than Street Address): _____

Facility Type:

8. Check Facility Type:

Full service restaurant	Catering business	Medical or lab related
Seasonal restaurant	Food manufacturer	Laundry
Fast food restaurant	Nursing home	Photo development
Drive thru only restaurant	School	Animal hospital/grooming
Coffee shop	Hospital	Retail outlet
Bakery	Hotel/motel	Office building
Ice cream shop	Club/organization	
Food market	Automotive related	

9. Hours of Operation: M: _____ F: _____
T: _____ S: _____
W: _____ S: _____
Th: _____

10. Cooking Equipment: Yes No Yes No

Fryer	Stove
Grill	Broiler
Oven	Other
Wok	Describe: _____
Charbroiler	_____

11. Sinks: Yes No Yes No

3-compartment	Mop
Hand washing	Dishwasher
Vegetable	

12. Employees per shift:

Shift: _____	# Employees _____
Shift: _____	# Employees _____
Shift: _____	# Employees _____

13. Type of dishes upon which food will be served: Washable _____ Disposable _____ Both _____

Grease Interceptor Information

14. Make and model of Grease Interceptor: _____

15. Name of the grease interceptor manufacturer: _____

16. Name of general contractor: _____

17. Name of grease interceptor installer: _____

