



DEKALB COUNTY

DEPARTMENT OF WATERSHED MANAGEMENT  
1580 Roadhaven Drive, Stone Mountain, GA 30083



**Watershed Protection Division/FOG Program**

New FSE	COO	CON	Evaluation	Pre Install	Post Install	Plan Review
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**FOOD SERVICE ESTABLISHMENT (FSE)  
WASTEWATER DISCHARGE PERMIT APPLICATION FORM**

<b>Name of Facility</b>						<b>New Permit #:</b>	
<b>CON – New Name</b>						<b>Phone</b>	
<b>Name of Owner</b>						<b>Phone</b>	
<b>Name of Manager / Contractor</b>							
<b>Mailing Address</b>				<b>E-mail Address</b>			
<b>FSE Service Address*</b> (from water bill)				<b>Business License Number*</b>			
<b>Department of Watershed Management Water Service Account Number*</b>							
<b>*THIS INFORMATION IS REQUIRED IN ORDER TO PROCESS THE APPLICATION</b>							
<b>Type of Food Service Establishment (FSE)</b>							
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Church	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Fast Food Restaurant	<input type="checkbox"/>	School/College/Educational Institution	<input type="checkbox"/>	Club/Organization	<input type="checkbox"/>	Grocery Store
<input type="checkbox"/>	Carry Out	<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Nursing Home/Assisted Living/Senior Citizens		
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	Ice Cream Establishment	<input type="checkbox"/>	Day Care	<input type="checkbox"/>	Other
<b>Hours</b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Types of Interceptor (check all that apply)</b>		<b>Quantity/Size</b>	<b>Name of Licensed Plumber Installing Interceptor:</b>				
<input type="checkbox"/>	Outside Grease Interceptor	/	Previous FOG Permit # (COO)			Amt. Fees Paid:	
<input type="checkbox"/>	Indoor Grease Trap	/	FOG Exemption Granted	Yes	No	Form of Payment:	
<input type="checkbox"/>	Other:	/	New Construction	Yes	No	Date Paid:	
Comments:			Renovated Facility	Yes	No	Check/MO/CC Transaction #:	
<b>Hauler Company:</b>							
Compliance Inspector:				Date Completed:			
<p>I certify under the penalty of perjury that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information 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. <b>I am also aware that if a permit is issued, I am responsible for payment of an annual Discharge Fee according to DeKalb County Department of Watershed Management most recent Schedule of Approved Fees and Charges.</b></p>							
Owner/Authorized Representative/Contractor (print)					Title		
Signature					Date		

If you have any questions while completing this form, please contact the Watershed Protection Division at 770-724-1480.

