

Eatontown Sewerage Authority
47 Broad Street, Eatontown, NJ 07724
732-389-7605 Fax: 732-935-0785
ESA Project No.

Application Form C
Commercial
Grease Interceptor

**COMMERCIAL GREASE INTERCEPTOR APPLICATION FOR
EATONTOWN, NEW JERSEY**

FACILITY NAME: _____

ADDRESS OF PROPERTY: _____

BLOCK: _____ LOT(S): _____

OWNER (Print): _____ PHONE: _____

ADDRESS OF OWNER IF OTHER THAN ABOVE: _____

AUTHORIZED AGENT (Print): _____ PHONE: _____

AGENT'S ADDRESS: _____

LETTER OF AUTHORIZATION: YES, DATED _____ NO _____

SERVICE APPLIED FOR: Circle all that apply _____

SEWER LATERAL: NEW _____ REPLACED _____ CHANGE SIZE _____

DISCONNECT: YES _____ NO _____ IF YES, YOU NEED FORM S-1 _____

NEW STRUCTURE: _____ # OF DWELLING UNITS: _____

EXISTING BUILDING MODIFICATION: _____

SQUARE FOOTAGE OF NEW STRUCTURE: New Structures Must Complete Application Form B _____

CHANGE OF USE? YES _____ NO _____ IF YES, YOU NEED FORM S-2 _____

INDUSTRIAL? YES _____ NO _____ IF YES, YOU NEED FORM S-3 _____

HAVE YOU APPLIED FOR APPROVAL & RECEIVED ANY PERMITS OR APPROVALS? LIST INFO BELOW: _____

PLANNING BOARD: _____

ZONING BOARD: _____

BUILDING DEPT: _____

PLANS PREPARED BY: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____

DESCRIPTION OF TYPE OF FACILITY: (example: COFFEE SHOP, CONVENIENCE STORE, RESTAURANT, BOWLING ALLEY, ICE CREAM SHOP, MOVIE THEATER, etc.)

DESCRIPTION OF FACILITY USAGE:

GREASE INTERCEPTOR (GI) SIZING CALCULATIONS			
	CONTRIBUTING FIXTURES / UNITS	NO. OF FIXTURES	MEASURE AND CALCULATE CAPACITY AS REQUIRED IN AUTHORITY RULES AND REGULATIONS
a.	2-COMPARTMENT SINK		
b.	3-COMPARTMENT SINK		
c.	HAND SINK		
d.	MOP BASIN		
e.	POT SINK		
f.	SERVICE SINK		
g.	FLOOR SINK		
h.	DISHWASHER (provide cut sheet)		
i.	FLOOR DRAIN		
j.	FLOW CONTROL VALVE		
k.	VENT (UPSTREAM GI)		
l.	VENT (DOWNSTREAM GI)		
m.	SEATS:		
n.	Other:		
o.	Other:		
p.	Other:		

TOTAL CAPACITY (GPM): _____

GI SIZE: _____

GI MAKE: _____

GI MODEL NO.: _____

The initial APPLICATION fee shall be submitted with the application.

- An ESCROW account must be set up before review by the Authority Engineer.
 - W-9 form filled in and signed
- Two sets of plans illustrating plumbing layout are required for the review along with flow and sizing calculations for the grease interceptor (list above).
- Manufacturer’s technical data on proposed grease interceptor **MUST** be provided.
- CONNECTION fees shall be paid once the application is approved and prior to the issuance of the connection permit.

IT IS THE RESPONSIBILITY OF THE APPLICANT:

- To confirm the location and depth of the existing sewer
- To check that a gravity connection can be made
- To apply for and obtain road opening permits when necessary

I certify that the information on this application is correct.

I agree to convey by deed to the Authority all necessary easements for sanitary sewer locations and rights to sewer system.

I have obtained and read the Authority *Rules and Regulations* and will abide by them.

 SIGNATURE OF OWNER (Required):

 DATE:

 SIGNATURE OF AUTHORIZED AGENT:

 DATE:

DO NOT WRITE BELOW THIS LINE

INITIAL APPLICATION FEE: DATE PAID:	CK#	AMOUNT PAID:
ADDITIONAL APPLICATION FEE PER UNIT: DATE PAID:	CK#	AMOUNT PAID:
ESCROW FEE: DATE PAID:	CK#	AMOUNT PAID:
DISCONNECTION FEE: DATE PAID:	CK#	PERMIT NO.
RECONNECTION FEE: DATE PAID:	CK#	PERMIT NO.
CONNECTION FEE: PERMIT NO. DATE PAID:	CK#	AMOUNT PAID:

 NUMBER OF EQUIVALENT UNITS:

 CONNECTION APPROVAL:

 AUTHORITY FINAL APPROVAL:

 ESA ACCOUNT NUMBER(S):