



# City of Port St Lucie

## Utility Systems Department



Email: UtilEng@cityofpsl.com

900 SW Ogden Lane, Port St Lucie, FL 34983

Phone (772) 344-4320

### **Grease Management Plan**

Based on the Florida Building Code (FBC) and Florida Administrative Code (FAC)

Please complete all information requested and attach the following documents. Failure to do so will result in an extended review process.

Site Plan

Plumbing Plan

Kitchen Electrical & Equipment Layout Plans

Photographs of Existing Equipment Layout if No Plans Exist

#### **A. Legal Owner of Property**

Name:

(i.e. My Restaurant, LLC)

Address:

Street Address

City

State

Zip

E-Mail:

Telephone:

#### **B. Business and Contact Information**

Business Name:

Project No.:

Business Address:

Address:

Street Address

City

State

Zip

Contact Name:

E-Mail:

Telephone:

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

Facility Information

**A. Type of Construction**

This is New Construction

This is a Tenant Improvement to an Existing Building

**B. Building Location**

This is a Free Standing Building

This is Located in a Strip Center/Plaza Called:

**C. Proposed 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 Store
Bakery	Hotel/Motel	Office
Ice Cream Shop	Club/Organization	Automotive Related
Food Market		

**D. Hours of Operation**

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

**E. Size of Facility**

Square Footage

**F. Meals**

Total Number of Meals Prepared/Service Per Day

**G. Seating**

Total Seating Capacity, Including Bar & Outdoor Seating

**H. Cooking Equipment**

	Y	N		Y	N
Charbroiler				Stove	
Fryer				Wok	
Grill				Broiler	Description of Other Items
Oven				Other	
				Other	

**I. Cleaning/Washing Equipment**

	Y	N		Y	N
2/3 Compartment Sink			Mop Sink		
Soup Kettle			Dishwasher		
Pot Sink			Hood Wash		
Pre-rinse Sink			Floor Drains		
			Other		

**J. Type of Dishes**

Washable                      Disposable                      Both

**K. Existing Grease Interceptor**

Make, Model, Size

The undersigned applicant hereby acknowledges that the initiation and/or continuation of service in contingent upon the allowance of random and unannounced inspections of grease interceptor(s) and the grease interceptor maintenance records required to be maintained on site by authorized inspectors as required by the City of Port St. Lucie Code of Ordinances. The City may deny or revoke a service, impose conditions or impose penalties upon evidence that a facility is operating out of compliance with the requirements of the code.

Business Owner/Representative Signature

Title

Printed Name

Date

**For Business Use Only** Project No.

Business type require a grease interceptor?	Yes	No	
Property have existing great interceptor?	Yes	No	Size
Total size of business?			
Additional grease interceptor capacity needed?	Yes	No	Min Size Req.

  

Reviewed By	Date
Supervisor	Date