

## Grease Interceptor Installation Conditional Waiver for Existing Structures

(Not Applicable to New Construction)

I, \_\_\_\_\_ representing \_\_\_\_\_  
 (Business Representative's Name) (Title) (Business Name)

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(Business Address) (Mailing Address) (Zip Code)

certify that the business named above does not require a grease interceptor installation because it meets the requirements set forth in section 13.40.130 (C) of the Stockton Municipal Code (SMC), *Waiver of Grease Interceptor Requirements*.

I understand that I am required to submit with this application written documentation, certified by a California registered civil, chemical, mechanical or electrical engineer, indicating one or more of the following findings:

1. There is inadequate space for installation and/or maintenance of a grease interceptor.
2. There is inadequate slope for gravity flow between kitchen plumbing fixtures and the proposed grease interceptor and/or between the proposed grease interceptor and the upper lateral, the lower lateral, or the public sewer.
3. Any other condition reasonably related to the installation, operation, maintenance and/or inspection of a grease interceptor.

I understand that I must comply with all other requirements specified in SMC 13.40 (FOG Ordinance) for this waiver to remain valid.

I understand that the waiver may be revoked by the Director at any time upon his or her determination that any of the terms or conditions for its issuance have not been satisfied or if the conditions upon which the waiver was based have changed so that the justification for the waiver no longer exists.

I understand that, should this waiver be revoked, I must install, within one hundred and eighty (180) days of receipt of notification of revocation, a grease interceptor which complies with SMC 13.40.100, *Grease Interceptor Requirements*.

I understand that, upon issuance of this waiver, I am required to pay a grease disposal mitigation fee under the provisions of SMC 13.40.180 (E), *Charges and Fees*. The grease disposal mitigation fee shall be established by resolution of the Stockton City Council.

I understand that this waiver is not transferable.

I understand that the person signing this waiver warrants that he or she has or has obtained the necessary consent and authority to execute this waiver and to make this waiver binding upon itself.

I certify under penalty of law that this document and all 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 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.

SIGNED (submit original signature) \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

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*Please Do Not Write Below This Line*

**APPROVED**       **REJECTED**

COS REPRESENTATIVE \_\_\_\_\_  
 PRINT SIGNATURE DATE

REASON FOR REJECTION: \_\_\_\_\_