



Water Resources/WRPP
 1212 5th Street, 3rd Floor
 Santa Monica, CA 90401
 tel: (310) 458-8235
 fax: (310) 393-6697

Revised: 1/16/2014

Request for Gravity Grease Interceptor Requirement Variance

Please complete Sections 1 through 5 and submit with plans. Please print legibly or type, incomplete information could delay the processing of your request.

Plan Check #: _____

Section 1: Food Establishment Information

Food Establishment's Name				
Address	City	State	Zip	Telephone
	Santa Monica, CA			()
Owner's Name				
Mailing Address	City	State	Zip	Telephone
				()
Seating Capacity	Days and Hours of Operation			

Section 2: Project Information

Project Manager/Contact	Company Name			
Address	City	State	Zip	Telephone
				()
Please check one: <input type="checkbox"/> New food establishment <input type="checkbox"/> Existing food establishment (Remodel)				
Proposed Grease Interceptor Type: <i>(sized per most recent approved version of California Plumbing Code)</i>				
<input type="checkbox"/> Gravity Grease Interceptor				
Volume (gallons): _____		Total Drainage Fixture Units: _____		
 <input type="checkbox"/> Grease Trap (Hydromechanical Grease Interceptor)				
Volume (gallons): _____		Total Drainage Fixture Units: _____		
Number of Grease Interceptor Units: _____				

Section 3: Reason for Variance Request

Please state your reason(s) for requesting a variance for the installation of a gravity grease interceptor with a minimum capacity of 500 gallons:

Space constraint Lease restriction

Nature of operations/ type of preparation Other: _____

Section 4: Provide a brief description of operations/ food preparation:

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Section 5: Certification Statement - Please read and sign the following:

"I certify under penalty of law that I have personally examined and am familiar with the information in this document and that based on my inquiry of those persons immediately responsible for obtaining the information contained herein, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name - Authorized Representative _____	Title _____
Signature _____	Date _____

WRPP Office Use Only

<input type="checkbox"/> Variance accepted <input type="checkbox"/> Variance denied	
Comments: _____ _____ _____	
Plan Check Engineering Contact _____	extension: _____
WRPP Contact _____	extension: _____
Building & Safety Contact _____	extension: _____
Was a site verification inspection performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Print Name _____	Title _____
Signature _____	Date _____