

City of Houston Houston Health Department Consumer Health-FOG Program

Generator Permit Application/Renewal/Replacement Form Please fill one application for each interceptor on site

Interceptor Information	n					,		
Business Name:						TCEQ#:		
Interceptor Address:						Zip Code:		
Name of the Person Sub	omitting A	pplication:						
Owner's First and Last	Name:	_			_	_		
Phone #:						Date:		
PLEASE CHECK ONE	 C:					er interceptor)		
		•		50 fee per intercepto				
_						omitting fee amount.		
⊚ Na:	me change	as of	Please	contact our office p	orior to submittin	ng fee amount.		
Mailing Information (C)ptional)							
Complete Address:								
Type of Business: Type of Interc								
Car Wash	©Chur			Greater	ase	© Grit		
● Hospital	Wash			© Lint		Cil/Water	1	
Auto ShopDry Cleaners	⊕ Hotel ⊕ Day (ling Tank m Septic Tan	Oil/Water		
School	⊕ Gas S				m Sepuc Tan er:			
© Convenient Store	_	tment Complex	X.	• -		_		
Condominium	Livin	ng (Senior/Grou	ıp/Assistance	e)				
Stone and Granite Other:	⊚ Meta	al Finishing Cor	npanies					
Please contact our of	fice prior	to submitting	2 applicatio	n to verify the	amount due			
Application along with p	ayment ca	n be Mailed or	Walked in to	o: 7427 Park Plac	ce Blvd Houst			
Please make Checks an	•		•	Houston Office	Hours:			
Monday- Friday 7:30 AM								
We accept: Checks, Mo								
(Master Caru,	, Visa and Di	iscover Only) CC M		ne Payments:				
		httn://www.ho		/health/online_pa	vments.html			
		(Scroll down		ste (FOG) and click				
For more information, pl	ease conta		220) 202 574	•				
		Main Line: (8 Email Addres						
		Ellian Augus	38: <u>roow</u> n	<u>ustonia.gov</u>				
FOR OFFICE USE ONLY								
Method o	of Payment:	☐ Check ☐ M	Money Order	☐ Credit Card	Amount:			
Check/ Money Orde	er Number:				☐ Walked in	ı	☐ Mailed	
	Date:				Serial #			