



# City of Kinston

## ***Special Use FOG Permit Application***

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Email Address:**

Owner & Manager Name : \_\_\_\_\_

Hours of operation:

Number of seats:      Phone      Fax

## Location of Interceptor

## Design Specifications are required for all Interceptors

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please give a explanation of requesting a variance, including space restraints, special and /or limited food handling considerations, etc.