



CITY OF  
**SANFORD**  
WATER & SEWER UTILITIES

**Oil & Grease Prevention Program**

P. O. Box 2847

Sanford, FL 32772

Phone: (407)688-5000 extension 5512 Fax: (407)688-5096

**AUTO RELATED SERVICES WASTEWATER DISCHARGE APPLICATION**

**FACILITY INFORMATION**

Business Corporate Name (\*Please provide Division of Corporations printout\*): \_\_\_\_\_

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

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

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

Contact Person: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

New Construction or Existing Facility: \_\_\_\_\_

**PROPERTY OWNERSHIP** The undersigned property owner acknowledges ownership of the property for which a permit has been applied and consents to the permit being issued and that the permit is being issued under the provisions of controlling law which require adherence to all permit conditions. (Landlords may find it advisable to ensure that provisions are clearly stated in the lease that protect the landlord, to the extent possible, relative to any future potential violations.) The City will look first to the permittee for compliance and will look to the landlord only if the permittee has vacated the premises or is uncooperative as to compliance with the requirements of controlling law.

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITY TYPE**

	Yes	No
Service/Repair		
Lube/Oil Change		
Carwash		
Body Shop		
Machine Shop		
Auto Parts		
Other:		

**BUSINESS OPERATIONS**



Type	Yes/No	Number
Parts Washer (connected to sewers)		
Parts Washer (self-contained)		
Carwash (recycled/not connected to sewers)		
Carwash (connected to sewers)		
Hand Carwash		
Equipment Wash		
Engine/Transmission Washing		
Uniform/Rag Washing		
Floor Washing		
Utility/Hand Sink		
Mop Sink		
Floor Drains		
Other:		
Other:		
Other:		

**OIL WATER SEPARATOR AND SAND TRAPS**

	Number	Do You Pump-Out/Clean? (yes/no) If Yes, How Often?	Manifests Maintained Onsite? (yes/no)
Oil Water Separator (in-ground)			
Oil Water Separator (under sink)			
Sand Trap			

**SPILL PREVENTION AND CLEAN-UP**

Briefly describe spill prevention plans and clean-up methods: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION STATEMENT**

I, as an authorized facility representative, certify that the information provided for the “Auto Services Wastewater Discharge Application,” to the best of my knowledge, is accurate and complete. I understand that this application will be reviewed by City of Sanford Utility Department staff, and that if this facility falls within the guidelines of the Oil and Grease Prevention Program, the facility will be required to participate in the program and obtain a wastewater discharge permit. I further understand that I must submit a \$50 nonrefundable fee along with this application and that if I am required to participate in the program, an additional \$200 nonrefundable permit fee must be submitted. Additionally, I understand that if I am required to obtain a wastewater discharge permit that it must be renewed every two years and a nonrefundable permit renewal fee of \$150 (total includes application fee) must be submitted. I further understand that a nonrefundable fee of \$50 will either be applied directly to my Utility account or must be submitted to the Utility Department (if there is no existing Utility account) for the annual inspection which is performed the year between my permit renewals. I further understand that any required sampling that occurs at my facility will also incur additional fees. As a required participant of the Oil and Grease Prevention Program, I agree to abide by all program rules established in the City of Sanford Code, Chapter 102, Article IX, Division 5, Section 102-373. I further understand that falsification of this information is a violation of the City of Sanford Code and, as such, is subject to enforcement actions and penalties as set forth in the City of Sanford Code.

Authorized Facility Representative’s Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed application as well as all applicable fees to the following address:

**City of Sanford Oil and Grease Program  
P.O. Box 2847  
Sanford, FL 32772**

Or, the application as well as applicable fees can be submitted at the Utility Customer Service window located at:

**City of Sanford City Hall  
300 N Park Avenue  
Sanford, FL 32772**

Para más información, por favor llame al Departamento de Servicios Públicos del Ciudad de Sanford y pida hablar con un representante en español. El número de teléfono es 407-688-5100.