City of Port St Lucie

Utility Systems Department

Email: UtilEng@cityofpsl.com

Grease Management Plan

Based on the Florida Building Code (FBC) and Florida Administrative Code (FAC)

Please complete all information requested and attach the following documents. Failure to do so will result in an extended review process.

- ☐ Site Plan
- ☐ Architectural Plans including Plumbing Plans and Kitchen Equipment
- ☐ Kitchen Electrical & Equipment Layout Plans
- ☐ Photographs of Existing Equipment Layout if No Plans Exist

A. Legal Owner of Property

Name: _____
(i.e. My Restaurant, LLC)

Address: _____
Street Address

_____ _____ _____
City State Zip

E-Mail: _____ Telephone: _____

B. Business and Contact Information

Business Name: _____ Project No.: _____

Business Address: _____

Address: _____
Street Address

_____ _____ _____
City State Zip

Contact Name: _____

E-Mail: _____ Telephone: _____

This is the person that PSLUSD directly contacts with questions about the plan review and construction; they will receive the plan review comments.

Facility Information

A. Type of Construction

- ☐ This is New Construction
- ☐ This is a Tenant Improvement to an Existing Building

B. Building Location

- ☐ This is a Free Standing Building
- ☐ This is Located in a Strip Center/Plaza Called: _____

C. Proposed Facility Type

☐ Full Service Restaurant	☐ Catering Business	☐ Medical or Lab Related
☐ Seasonal Restaurant	☐ Food Manufacturer	☐ Laundry
☐ Fast Food Restaurant	☐ Nursing Home	☐ Photo Development
☐ Drive Thru Only Restaurant	☐ School	☐ Animal Hospital/Grooming
☐ Coffee Shop	☐ Hospital	☐ Retail Store
☐ Bakery	☐ Hotel/Motel	☐ Office
☐ Ice Cream Shop	☐ Club/Organization	☐ Automotive Related
☐ Food Market	☐ _____	

D. Hours of Operation

Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

E. Size of Facility

Square Footage _____

F. Meals

Total Number of Meals Prepared/Serviced Per Day _____

G. Seating

Total Seating Capacity, Including Bar & Outdoor Seating _____

H. Cooking Equipment

	Y	N
Charbroiler	☐	☐
Fryer	☐	☐
Grill	☐	☐
Oven	☐	☐

	Y	N
Stove	☐	☐
Wok	☐	☐
Broiler	☐	☐
Other	☐	
Other	☐	

Description of Other Items

I. Cleaning/Washing Equipment

	Y	N
2/3 Compartment Sink	☐	☐
Soup Kettle	☐	☐
Pot Sink	☐	☐
Pre-rinse Sink	☐	☐

	Y	N
Mop Sink	☐	☐
Dishwasher	☐	☐
Hood Wash	☐	☐
Floor Drains	☐	☐
Other	☐	

J. Type of Dishes

☐ Washable ☐ Disposable ☐ Both

K. Existing Grease Interceptor

Make, Model, Size

The undersigned applicant hereby acknowledges that the initiation and/or continuation of service in contingent upon the allowance of random and unannounced inspections of grease interceptor(s) and the grease interceptor maintenance records required to be maintained on site by authorized inspectors as required by the City of Port St. Lucie Code of Ordinances. The City may deny or revoke a service, impose conditions or impose penalties upon evidence that a facility is operating out of compliance with the requirements of the code.

Business Owner/Representative Signature

Title

Printed Name

Date

For Business Use Only

Project No.

Business type require a grease interceptor? Yes ☐ No ☐

Property have existing grease interceptor? Yes ☐ No ☐ Size

Total size of business?

Additional grease interceptor capacity needed? Yes ☐ No ☐ Min Size Req.

Reviewed By Date

Supervisor Date