



CITY OF PLANO HEALTH DEPARTMENT  
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## APPLICATION FOR CITY OF PLANO LIQUID WASTE GENERATOR PERMIT

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

SITE MANAGER \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ BILLING PHONE # \_\_\_\_\_

OWNER NAME \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

TYPE OF TRAP \_\_\_\_\_ SAND \_\_\_\_\_ GRIT \_\_\_\_\_ GREASE \_\_\_\_\_ OTHER

SIZE OF TRAP \_\_\_\_\_ GALLONS \_\_\_\_\_ LOCATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_



APPROVED \_\_\_\_\_