INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

(CLASS R)

The completed and signed application is to be mailed or delivered to:					FOR TSP-SC USE ONLY		
City of Oxnard					IWDP NO.:		
Technical Services Program					DATE:		
	Source Control				REVIEWER:		
6001 Perkins Road Oxnard, CA 93033				Permit Required:	☐ Yes	□ No	
				Processing Fee:	\$100		
	(805) 271-2200			Permit Fee:	\$100		
					TOTAL FEE:	\$200	
	S	IC CODE					
1.	BU	SINESS NAME:					
2.	FAG	CILITY ADDRESS:			_		
3.	MA	ILING ADDRESS:					
4.	CO	NTACT PERSON:					
1	TELEPHONE:						
5.	BUSINESS OWNER:						
	ADDRESS:						
1	TELEPHONE:						
6.	PROPERTY OWNER:						
	ADDRESS:						
1	TELEPHONE:						
7.	TYPE OF FOOD ESTABLISHMENT (check all that apply):						
		BAR		CAFETER	IA		DONUT SHOP
		FAST FOOD MEAT MARKET		FULL SER MINI MAI	RVICE RESTAURANT		GROCERY STORE
	_	OTHER (specify):					
		YS AND HOURS OF OPE		TON:	-		
		PE OF FOOD PREPARED			-		
	AR	E ALL FOODS PREPACK	AGE	ED?	□ YES		NO
10.	FIX	TURES AT THIS FACILI	TY (check all	that apply):		
		BAR SINKS			SHER (automatic)		FLOOR DRAINS/SINKS
		GARBAGE GRINDER (disposal) POT SINK(S)		GREASE I SAMPLIN	INTERCEPTOR G WELL		GREASE TRAP
	_	TOT SINK(B)	_	DANNI ENV	G WEEL		
		OTHER (specify):					
11.	API	PLICATION COMPLETE) BY	:			
					(Signature)		
				(Name and Title – please print)			