

INDUSTRIAL WASTEWATER DISCHARGE PERMIT

APPLICATION

(CLASS R)

The completed and signed application is to be mailed or delivered to:

City of Oxnard
 Technical Services Program
 Source Control
 6001 Perkins Road
 Oxnard, CA 93033
 (805) 271-2200

SIC CODE _____

FOR TSP-SC USE ONLY

IWDP NO.: _____
 DATE: _____
 REVIEWER: _____
 Permit Required: Yes No
 Processing Fee: \$100
 Permit Fee: \$100
TOTAL FEE: \$200

1. BUSINESS NAME: _____

2. FACILITY ADDRESS: _____

3. MAILING ADDRESS: _____

4. CONTACT PERSON: _____

TELEPHONE: _____

5. BUSINESS OWNER: _____

ADDRESS: _____

TELEPHONE: _____

6. PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE: _____

7. TYPE OF FOOD ESTABLISHMENT (check all that apply):

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> BAR | <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> DONUT SHOP |
| <input type="checkbox"/> FAST FOOD | <input type="checkbox"/> FULL SERVICE RESTAURANT | <input type="checkbox"/> GROCERY STORE |
| <input type="checkbox"/> MEAT MARKET | <input type="checkbox"/> MINI MART | |

OTHER (specify): _____

8. DAYS AND HOURS OF OPERATION: _____

9. TYPE OF FOOD PREPARED: _____

ARE ALL FOODS PREPACKAGED? YES NO

10. FIXTURES AT THIS FACILITY (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> BAR SINKS | <input type="checkbox"/> DISHWASHER (automatic) | <input type="checkbox"/> FLOOR DRAINS/SINKS |
| <input type="checkbox"/> GARBAGE GRINDER (disposal) | <input type="checkbox"/> GREASE INTERCEPTOR | <input type="checkbox"/> GREASE TRAP |
| <input type="checkbox"/> POT SINK(S) | <input type="checkbox"/> SAMPLING WELL | |

OTHER (specify): _____

11. APPLICATION COMPLETED BY: _____

(Signature)

(Name and Title – please print)