



**City of Apopka**

**Oil and Grease Management / Surcharge Program  
Permit Application  
Dental Facilities**

**Company Name:** \_\_\_\_\_ d/b/a \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Position of authority:** \_\_\_\_\_

**Facility is:** Owned: \_\_\_\_\_ **Leased/Rented:** \_\_\_\_\_

**If Leased/Rented:** Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City, State, zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Estimate Monthly water usage:** \_\_\_\_\_ gallons per month. **Source:** \_\_\_\_\_

**Facility has a Septic Tank System?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Facility has Amalgam trap?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Any production of plates or partials at your facility?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Trap size** \_\_\_\_\_ **gallons. Drawings of the trap / plumbing system?** Provide 1 copy

**Disposal Company:**

**Company:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**CERTIFICATION**

I hereby acknowledge the information contained on this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete and accurate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date