



## Generator Permit Application/Renewal/Replacement Form

*Please fill one application for each interceptor on site*

### Interceptor Information

Business Name:	TCEQ#:
Interceptor Address:	Zip Code:
Name of the Person Submitting Application:	
Owner's First and Last Name:	
Phone #:	Date:
<b>PLEASE CHECK ONE:</b> <input type="radio"/> Renewal Expiration Date: _____ . (\$130.83 fee per interceptor) <input type="radio"/> Replacement Permit (\$27.95 fee per interceptor) <input type="radio"/> Ownership change as of _____ . Please contact our office prior to submitting fee amount. <input type="radio"/> Name change as of _____ . Please contact our office prior to submitting fee amount.	

### Mailing Information (Optional)

Complete Address:
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#### Type of Business:

- |   |  |
|---|--|
| <input type="radio"/> Car Wash          | <input type="radio"/> Church                           |
| <input type="radio"/> Hospital          | <input type="radio"/> Washateria                       |
| <input type="radio"/> Auto Shop         | <input type="radio"/> Hotel                            |
| <input type="radio"/> Dry Cleaners      | <input type="radio"/> Day Care                         |
| <input type="radio"/> School            | <input type="radio"/> Gas Station                      |
| <input type="radio"/> Convenient Store  | <input type="radio"/> Apartment Complex                |
| <input type="radio"/> Condominium       | <input type="radio"/> Living (Senior/Group/Assistance) |
| <input type="radio"/> Stone and Granite | <input type="radio"/> Metal Finishing Companies        |
| <input type="radio"/> Other: _____      |  |

#### Type of Interceptor:

- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> Grease           | <input type="radio"/> Grit         |
| <input type="radio"/> Lint             | <input type="radio"/> Lift Station |
| <input type="radio"/> Holding Tank     | <input type="radio"/> Oil/Water    |
| <input type="radio"/> Comm Septic Tank | <input type="radio"/> Vault        |
| <input type="radio"/> Other : _____    |                                    |

**Please contact our office prior to submitting application to verify the amount due.**

Application along with payment can be **Mailed or Walked** in to: **7427 Park Place Blvd Houston, TX 77087**

**Please make Checks and Money orders payable to:** City of Houston **Office Hours:**

Monday- Friday 7:30 AM-12:00 PM and 1:00 PM-3:30 PM

**We accept:** Checks, Money Orders and Walk in Credit Cards **ONLY**

(Master Card, Visa and Discover Only) CC Minimum is \$3.00.

**NEW!** Online Payments:

[http://www.houstontx.gov/health/online\\_payments.html](http://www.houstontx.gov/health/online_payments.html)

(Scroll down to **Special Waste (FOG)** and click **Pay Now.**)

For more information, please contact us:

Main Line: (832) 393-5740

Email Address: [FOG@houstontx.gov](mailto:FOG@houstontx.gov)

#### FOR OFFICE USE ONLY

Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	Amount:	
Check/ Money Order Number:		<input type="checkbox"/> Walked in	<input type="checkbox"/> Mailed
Date:		Serial #	