City Of Houston Health and Human Services

Generator Permit Application, Renewal, Replacement Form

(Grease/Grit/Lint/Oil Water Separator/Commercial Septic Tank/Holding Tank/Lift/Vault)

Please fill one application for each interceptor on site.

Interceptor Information ONLY

Business Name:	**TCEQ#:**
Business Address:	**Zip Code:**
Name of the Person Submitting Application:	
Phone #:	**Date:**
□ Renewal Expiration Date: _____. □ Replacement Permit □ 1st Time Application. Number of years in Business _____.	

Mailing Information (*Optional*)

Complete Address:
Attention:

Type of Business:

- □ **Car Wash**
- □ **Hospital**
- □ **Auto Shop**
- □ **Dry Cleaners**
- □ **School**
- □ **Convenient Store**
- □ **Condominium**
- □ **Other: _____**
- □ **Church**
- □ **Washateria**
- □ **Hotel**
- □ **Day Care**
- □ **Gas Station**
- □ **Apartment Complex**
- □ **Living (Senior/Group/Assistance)**

Type of Interceptor:

- □ **Grease**
- □ **Lint**
- □ **Lift Station**
- □ **Holding Tank**
- □ **Commercial Septic Tank**
- □ **Grit**
- □ **Oil/Water**
- □ **Vault**

Application along with payment can be mailed/walked in to:
Houston Department of Health and Human Services
7411 Park Place Blvd Room: 102
Houston TX 77087

If mailed please enclose a non refundable annual fee of **$50.00** with this application.
Please make payments to: **City of Houston**.
*Past due amounts may apply.

For more information please contact *Emily Chacon* Phone: (832) 393-5375 Email:Emily.Chacon@cityofhouston.net
Permits are issued: Monday- Friday 8:00 AM-12:00 PM and 1:00 PM-3:30 PM.
We accept: Checks and Money Orders ONLY.

FOR OFFICE USE ONLY

Method of Payment:	□ Check □ Money Order	Amount:	
Check/ Money Order Number:		□ Walked in □ Mailed	
Date:		Serial #	