



CITY OF HOUSTON
Department of Health and Human Services

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Date: _____

Full Name of person submitting the application: _____

Company Name: _____

Company Address: _____

My Company is applying for a:

- Pressure Washer Permit
- Interceptor Permit *(Includes: Grit, Grease, Lint, Holding Tank, O/W etc)*

Describe a brief summary of your operations:
