



# APPLICATION FOR VARIANCE

FATS, OILS AND GREASE PROGRAM  
Dept. of Public Works & Utilities, Environmental Health Division  
1900 E 9th, Wichita, KS, 67214  
Phone: (316) 268-8351 Fax: (316) 858-7787 Email: [fog@wichita.gov](mailto:fog@wichita.gov)

**COPY OF MENU AND \$50 APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION.**

I hereby request a variance from the City of Wichita's requirement for a grease interceptor.  
The following information pertains to this facility. Date: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME/ADDRESS where variance letter is to be mailed: \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICATION SUBMITTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOURS OPEN DAILY: \_\_\_\_\_ to \_\_\_\_\_ NUMBER OF DAYS OPEN: \_\_\_\_\_

SEATING CAPACITY: \_\_\_\_\_ ANTICIPATED # OF MEALS SERVED DAILY: \_\_\_\_\_

TYPE OF VARIANCE: INTERCEPTOR:  GARBAGE DISPOSAL:  PUMPING FREQUENCY:

FACILITY: NEW CONSTRUCTION  REMODEL  OWNERSHIP CHANGE

THE KITCHEN HAS THE FOLLOWING FIXTURES: (INDICATE NUMBER OF EACH)

FLOOR DRAINS/FLOOR SINKS \_\_\_\_\_ HAND SINKS \_\_\_\_\_ COMMERCIAL DISHWASHER \_\_\_\_\_

GARBAGE DISP. \_\_\_\_\_ FOOD PREP SINK \_\_\_\_\_ MOP SINK \_\_\_\_\_

3 OR 4 COMP. SINK \_\_\_\_\_ PRE-RINSE SINK \_\_\_\_\_ WOK STOVE \_\_\_\_\_

OTHER \_\_\_\_\_

THE FACILITY HAS THE FOLLOWING EQUIPMENT IN THE FOOD PROCESSING AREA:

GRILL		STEAM TABLES		MICROWAVE		OTHER
BROILER		OVEN		RANGE		
STEAM KETTLE		FRYER		WALK IN REFRIG		

PLEASE USE THE SPACE BELOW OR ATTACH A SEPARATE SHEET EXPLAINING WHY YOU ARE REQUESTING EXEMPTION FROM INSTALLING AN OUTDOOR UNDERGROUND GREASE INTERCEPTOR, INCLUDING HOW YOU PROPOSE TO CONTROL FATS, OILS, OR GREASE FROM THIS FACILITY.

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APPLICANT OR OWNER SIGNATURE: \_\_\_\_\_