



MIKE COOPER  
Mayor

**CITY OF COVINGTON**  
OCCUPATIONAL LICENSE DEPARTMENT  
419 N. New Hampshire Street  
Post Office Box 778  
Covington, Louisiana 70434  
phone 985.892.1873  
fax 985.867.1205  
website www.covla.com

## GREASE TRAP CODE COMPLIANCE FORM

Please fill in information, print and sign.

PROPERTY OWNER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BUSINESS OWNER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

### FOR INTERNAL USE ONLY:

Backflow Preventer / Grease Trap Method: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please circle which is needed.)

Work and Equipment to Standards: Yes \_\_\_\_\_ No \_\_\_\_\_

DEQ / EPA / DHH Approval Required: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please circle which is needed.)

Sewer Discharge Category: Minor / Major / Specific (If specific, note category.) \_\_\_\_\_

Other comments: \_\_\_\_\_

### APPROVED BY CODE ENFORCEMENT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date