



CARROLLTON
TEXAS

**ENVIRONMENTAL SERVICES DEPARTMENT
VARIANCE APPLICATION FOR GREASE TRAP PUMPING FREQUENCY**

BUSINESS NAME: _____

NAME OF APPLICANT: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

WASTE TANK CAPACITY (GALLONS): _____ YEAR BUILT: _____

VARIANCE REQUESTED: _____

JUSTIFICATON/REASON FOR VARIANCE: _____

“I hereby attest by my signature below that all of the above information is true and correct to the best of my knowledge”

SIGNATURE: _____ DATE: _____

FOR OFFICE USE

VARIANCE APPROVED: YES _____ NO _____

REASON: _____

REQUIRED GREASE TRAP PUMPING FREQUENCY: _____

AUTHORIZED SIGNATURE: _____ DATE: _____