



City of Kinston

Special Use FOG Permit Application

Facility Name: _____

Facility Address: _____

Mailing Address: _____

Email Address: _____

Owner & Manager Name : _____

Hours of operation: _____

Number of seats: _____ Phone _____ Fax _____

Location of Interceptor _____

Design Specifications are required for all Interceptors

Printed Name _____

Signed _____ Date _____

Please give a explanation of requesting a variance, including space restraints, special and /or limited food handling considerations, etc.
