



**CITY OF LEAVENWORTH
GREASE TRAP/INTERCEPTOR PERMIT - VARIANCE**

ADDRESS: _____

BUSINESS OWNER: _____

CONTACT PERSON: _____

SUBMITTAL OF MENU ITEMS/ITEMS FOR SALE: Please attach menu and/or items for sale with this document

REASON FOR REQUESTING A VARIANCE: _____

BUSINESS OWNER SIGNATURE AND DATE:

Note: All signatures must be in black or blue ink.

FOR STAFF USE ONLY	
Director of Public Works	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Signature: _____	Date: _____