



Grease Trap Application & Inspection Form

Borough of Highlands
151 Navesink Avenue
Highlands, NJ 07732
Phone: (732) 872-1224, ext. 204
<http://www.highlandsnj.gov/>

This Application may be completed by the property owner, tenant, or owner's agent

ANNUAL INSPECTION FEE: \$150

Email completed Application with the required Fats, Oil, and Grease (FOG) and food waste control plan to ajones@highlandsnj.gov, or by personal delivery to the Department of Buildings & Housing

Click on the links below for more information on Fats-Oil-Grease (FOG) and a Food Waste Control Plan

- [Best Management Practices for FOG](#)
- [EPA-Controlling FOG](#)
- [Food Waste Protection Plan](#)
- [Fats-Oil-Grease Info Slides](#)

The purpose of the Borough of Highlands Grease Trap Ordinance is to control discharges into the public sewerage collection system and wastewater treatment plan that interfere with the operations of the system, cause blockage and plugging of pipelines, interfere with normal operation of pumps and their controls, and contribute waste of a strength or form that either causes treatment difficulties or is beyond the treatment capability of the wastewater treatment plant

Pursuant to [Ordinance § 16-3.5](#) semiannual inspections by the Plumbing Subcode Official or other Township official shall be requested by the owner(s), tenant(s), lessee(s) and/or occupant(s) of the facility or food establishment, in writing or online, to the Department of Buildings and Housing.

All new construction, renovation, expansion of food service facilities, and existing facilities shall be required to submit to FOG and food waste control plan that will effectively control the discharge of undesirable materials into the wastewater collection system. **NOTE: Existing facilities shall not be exempt from these requirements.**

The FOG and food waste control plan shall be subject to review and approval by the plumbing subcode official. Said plan shall address grease traps, commercial dishwashers, and any other appliance or fixture that discharges grease or FOG.

PROPERTY OWNER INFORMATION

Property Address: _____

Name of the Property Owner: _____

Name of Establishment: _____

Phone Number: _____ Email: _____

TENANT & AGENT INFORMATION

Tenant's Name (if any): _____

Tenant's Home Address: _____

Phone Number: _____ Email: _____

Agent's Name (if any) _____

Agent's Phone Number: _____ Agent's Email: _____

BUILDING DEPARTMENT USE ONLY

Amount Paid: _____ Check #: _____ Date: ____/____/____

Collected By: _____