



# City of Port St Lucie

## Utility Systems Department



Email: UtilEng@cityofpsl.com

900 SW Ogden Lane, Port St Lucie, FL 34983

Phone (772) 344-4320

### Grease Management Plan

Based on the Florida Building Code (FBC) and Florida Administrative Code (FAC)

Please complete all information requested and attach the following documents. Failure to do so will result in an extended review process.

- ☒ Site Plan
- ☒ Plumbing Plan
- ☒ Kitchen Electrical & Equipment Layout Plans
- ☐ Photographs of Existing Equipment Layout if No Plans Exist

#### A. Legal Owner of Property

Name: **CDSC of Gatlin, LLC**

(i.e. My Restaurant, LLC)

Address: **180 NE Fatima Terrace**

Street Address

**Port St. Lucie**

City

**FL**

State

**34983**

Zip

E-Mail: **wmicco@aol.com**

Telephone: **772-370-2300**

#### B. Business and Contact Information

Business Name: **Charles Cheesesteak**

Project No.: **P17-229**

Business Address: **1367 SW Gatlin Blvd., Port St. Lucie, FL 34953**

Address: **180 NE Fatima Terrace**

Street Address

**Port St. Lucie**

City

**FL**

State

**34983**

Zip

Contact Name: **Mathew Mattison**

E-Mail: **MMattison@CCDofStuart.com**

Telephone: **772-220-3488**

This is the person that PSLUSD directly contacts with questions about the plan review and construction; they will receive the plan review comments.

## Facility Information

### A. Type of Construction

- ☐ This is New Construction
- ☒ This is a Tenant Improvement to an Existing Building

### B. Building Location

- ☐ This is a Free Standing Building
- ☒ This is Located in a Strip Center/Plaza Called: Shoppes Of Bougainvillea 2

### C. Proposed Facility Type

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Catering Business | <input type="checkbox"/> Medical or Lab Related                          |
| <input type="checkbox"/> Seasonal Restaurant                | <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Laundry   |
| <input type="checkbox"/> Fast Food Restaurant               | <input type="checkbox"/> Nursing Home      | <input type="checkbox"/> Photo Development                               |
| <input type="checkbox"/> Drive Thru Only Restaurant         | <input type="checkbox"/> School            | <input type="checkbox"/> Animal Hospital/Grooming                        |
| <input type="checkbox"/> Coffee Shop                        | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Retail Store                                    |
| <input type="checkbox"/> Bakery                             | <input type="checkbox"/> Hotel/Motel       | <input type="checkbox"/> Office  |
| <input type="checkbox"/> Ice Cream Shop                     | <input type="checkbox"/> Club/Organization | <input type="checkbox"/> Automotive Related                              |
| <input type="checkbox"/> Food Market                        | <input type="checkbox"/>                   | <div style="border: 1px solid black; height: 20px; width: 400px;"></div> |

### D. Hours of Operation

Monday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>	Friday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>
Tuesday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>	Saturday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>
Wednesday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>	Sunday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>
Thursday	<span style="border: 1px solid black; padding: 2px;">10 a.m. to 10 p.m.</span>		

### E. Size of Facility

Square Footage 1284

### F. Meals

Total Number of Meals Prepared/Service Per Day 100

### G. Seating

Total Seating Capacity, Including Bar & Outdoor Seating 28

## H. Cooking Equipment

	Y	N
Charbroiler	<input type="checkbox"/>	<input type="checkbox"/>
Fryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oven	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N
Stove	<input type="checkbox"/>	<input type="checkbox"/>
Wok	<input type="checkbox"/>	<input type="checkbox"/>
Broiler	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Description of Other Items

## I. Cleaning/Washing Equipment

	Y	N
2/3 Compartment Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Soup Kettle	<input type="checkbox"/>	<input type="checkbox"/>
Pot Sink	<input type="checkbox"/>	<input type="checkbox"/>
Pre-rinse Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Y	N
Mop Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Hood Wash	<input type="checkbox"/>	<input type="checkbox"/>
Floor Drains	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

## J. Type of Dishes

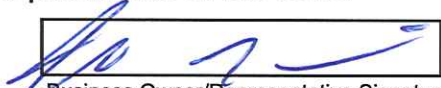
☐ Washable ☐ Disposable ☒ Both

## K. Existing Grease Interceptor

Sebring / 1250H20TL8B812 CAT 4 / 1250 GALLON

Make, Model, Size

The undersigned applicant hereby acknowledges that the initiation and/or continuation of service is contingent upon the allowance of random and unannounced inspections of grease interceptor(s) and the grease interceptor maintenance records required to be maintained on site by authorized inspectors as required by the City of Port St. Lucie Code of Ordinances. The City may deny or revoke a service, impose conditions or impose penalties upon evidence that a facility is operating out of compliance with the requirements of the code.

  
Business Owner/Representative Signature

William G. Micco  
Printed Name

OWNER  
Title

7/21/21  
Date

### For Business Use Only

Business type require a grease interceptor? Yes ☐ No ☐

Property have existing great interceptor? Yes ☐ No ☐

Total size of business?

Additional grease interceptor capacity needed? Yes ☐ No ☐

Project No.

Size

Min Size Req.

Reviewed By

Supervisor

Date

Date