



**OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT**

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**Grease Trap Acknowledgement Form (OCPD Form #004cgt)**  
*For Sizing Requirement*

Name/Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

**FOR OCPD INSPECTOR**

**Grease Trap Size Required for WBR Parish:** \_\_\_\_\_  
*(Determined by a WBR Inspector)*

\_\_\_\_\_  
Inspector's Name (Print)

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT**

\_\_\_\_\_  
Responsible Party (Print)

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date