



CITY OF LAKEPORT, CALIFORNIA
COMMUNITY DEVELOPMENT/UTILITIES DEPARTMENT
POLICY

Subject: FOG PROGRAM: VARIANCES	Policy Number: U-4	Page Number: Page 1 of 7
	Date Adopted: 9/22/2008	Date Revised:

BACKGROUND:

City Ordinance, No. 872 (“Ordinance”), Section 9.2, requires all food service establishments (“FSEs”) within the City of Lakeport Municipal Sewer District to take measures to prevent the discharge of materials that can inhibit the function of, or cause damage to, the sanitary sewer system. Such measures include the installation and maintenance of a grease interceptor to prevent the discharge of fats, oil and grease into the sanitary sewer system. However, FSE owners or authorized representatives (“Users”) may submit a Variance for Cause request to the Department if they feel their situation warrants exception to Section 9.2 of the Ordinance.

This policy is written to accomplish the following:

1. Establish guidelines for the review and judgment of a Variance for Cause to vary from the requirements of Section 9.2 of the Ordinance, otherwise known as the City’s FOG Program, and

2. Establish guidelines for the review and judgment of a Variance for Cause request for grease interceptor installation, and
3. Establish procedures which the Department and the public should follow when requesting a variance.

POLICY:

1. The Community Development/Utilities Director (“Director”), or his designee, shall make judgment on any Variance Study, resulting from a Variance for Cause request by an entity subject to City Ordinance No. 872.
2. The Compliance Officer may approve or deny a Variance for Cause request at his discretion.
3. The Compliance Officer or his designee shall be available by appointment to speak with any User, whose facility is subject to the Ordinance, about issues related to the Ordinance.
4. From date of approval of a Variance for Cause request, and receipt of the \$500.00 Variance Study fee, the Department shall make every reasonable effort to complete a Variance Study and make a judgment on the necessity or feasibility of complying with any part of Section 9.2 of the Ordinance within ninety (90) days.

5. A Variance Study may be terminated at any time if it is determined that continuation of the Study adversely affects the sanitary sewer collection system or treatment works (Ord. No. 872, Section 9.6.A, paragraph 2).
6. Per District Resolution No. 2316 (2008), the \$500.00 Variance Study fee is non-refundable.
7. Unless sufficient evidence can be found that the provisions of Section 9.2 of the Ordinance create an unreasonable hardship, the Compliance Officer may deny a Variance for Cause request at his discretion.
8. The Compliance Officer is responsible to commission and complete variance studies.
9. The Compliance Officer may approve any variance at his discretion based on the results of the Variance Study.
10. Users requesting a variance must submit a Variance for Cause Request Form within six (6) months of receipt of notice to install a grease interceptor. If a variance is not granted by the Director or his designee, the FSE shall have six (6) months from the date of the variance denial notice to comply with the Ordinance, Section 9.2.
11. Users may petition the Director, or his designee, to reconsider a decision by the Compliance Officer to deny a variance, if submitted in writing within thirty (30) days of the notice of variance denial.

12. The Director, or his designee, may deny a petition to reconsider a variance decision by not acting on the petition (Ordinance No. 872, Section D., paragraph 4).
13. Granted variances are effective in perpetuity from the date granted by the Director or his designee.
14. Any granted variance may be revoked by the CLMSD Director at the recommendation of the Compliance Officer, based on one or more of the criteria detailed in the Ordinance, Section 9.6.C.

PROCEDURE:

1. Variance for Cause requests must be submitted to the Department in writing using the Variance for Cause Request Form, attached hereto as Attachment A. The form shall be made available at the front desk of the Community Development Department
2. Upon receipt of a Variance for Cause Request Form by the Department, it shall be date-stamped immediately, entered into the appropriate tracking software application, and submitted to the Compliance Officer for review. The Compliance Officer, or designee, shall have thirty (30) days from receipt of the Form to approve or deny the request.
3. Following approval or denial of a Variance for Cause request, the requesting party shall be notified of the decision in writing by the Compliance Officer.

If the request is approved, a Consent to a Variance Study Form, attached hereto as Attachment B, will be included with the notice. It must be signed and returned to the Department by the User with the \$500.00 Variance Study fee before the Study is commissioned. If the request is denied, an explanation must be included in the notice.

4. Per District Resolution No. 2316 (2008), a fee of \$500.00 must be collected from the User before a Variance Study is commissioned.
5. Upon receipt by the Department of a Consent to a Variance Study Form, and the \$500.00 Variance Study fee, it shall be date-stamped immediately and submitted to the Compliance Officer for review. The Compliance Officer shall commission the study, assign it a study number, and is responsible for its completion.
6. A Variance Study shall consist of the completion of a Variance Study Report Form, attached hereto as Attachment C. The Report requires comments from the Compliance Officer, City Building Inspector, and a County Health Inspector or representative from the Lake County Environmental Health Department. Additional comments may be required at the discretion of the Compliance Officer. Unless justified, a granted variance will require the approval of the Compliance Officer, City Building Inspector, and County Environmental Health official.
7. In the event that the Compliance Officer, Building Inspector, or County Environmental Health official is unable to complete their component of a

Variance Study, the Director may waive that component or assign it to another reviewer for comment.

8. The Compliance Officer shall be responsible for conducting Variance Studies and passing judgment no later than sixty (60) days after the Department receives the Consent to a Variance Study Form and \$500.00 Variance Study Fee.
9. Variance Studies submitted to the Director, or his designee, for review may include a staff report detailing the background and condition of the case in question.
10. The Compliance Officer, or his designee, shall make judgment on a Variance for Cause request no later than thirty (30) days from receipt of a fully completed Variance Study.
11. A notice shall be sent to the User from the Compliance Officer indicating the decision whether to grant or deny a variance, the results of the variance study, and the reasons why a variance was granted or denied.
12. If denied a variance, a User may petition the Director, or his designee, to reconsider the variance decision. A "Petition for Reconsideration of Determination or Enforcement Action" form, attached hereto as Attachment D, must be submitted to the Department within thirty (30) days of the notice of variance denial. The Form should be date-stamped immediately, entered into the appropriate tracking software application, and submitted to the Director for review.

Mark Brannigan

Mark Brannigan

Community Development/Utilities Director

Date 9.24.08

City of Lakeport Municipal Sewer District



VARIANCE FOR CAUSE REQUEST FORM

PLEASE COMPLETE CONTACT AND FACILITY INFORMATION IN ITS ENTIRETY. INCOMPLETE OR INACCURATE INFORMATION
MAY RESULT IN DENIAL OF VARIANCE REQUEST

Contact Information	
Name: _____	Phone: _____
Street: _____	Mobile Phone: _____
City: _____	Fax Number: _____
State: _____	E-mail: _____
Zip: _____	

Facility Information	
Name of Restaurant/Food Service Establishment: _____	
Address: _____	Owner: _____
	Manager: _____
	Property Owner (if different from Facility Owner) _____
Phone: _____	
Fax: _____	

Justification for Variance Request: (Please include any supporting documentation and information)

Facility Name: _____

[Empty space for notes or details]

FOR DEPARTMENT USE ONLY

Received By: _____

DATE STAMP

Consent to Variance Study Form Received: Yes No

\$500.00 Variance Study Fee Received: Yes No

DEPARTMENT APPROVAL

Approved

Disapproved

Signature _____

Date: _____ Title: _____

Reason for decision:

[Empty space for decision reason]

City of Lakeport Municipal Sewer District



CONSENT TO A VARIANCE STUDY

PLEASE COMPLETE AND SIGN THIS FORM. RETURN THE FORM AND SUBMIT THE \$500.00 VARIANCE STUDY FEE TO THE COMMUNITY DEVELOPMENT DEPARTMENT, CITY HALL, 225 PARK STREET, LAKEPORT.

Name of Facility: _____

Facility Address: _____

Mailing Address: _____

Owner Name: _____ Manager Name: _____

Phone: _____ Phone: _____

Mobile Phone: _____ Mobile Phone: _____

E-mail: _____ E-mail: _____

Best time to call: _____ Best time to call: _____

I hereby consent to a Variance Study by the City of Lakeport Municipal Sewer District and agree to allow a duly authorized representative from the City of Lakeport and/or the County of Lake to enter my facility at any time, given one hour notice, to inspect my facility and any and all equipment related to the preparation, handling, and disposal of food, drink, and other food products. Additionally, I fully understand that this Variance Study can be cancelled at any time by the District and that the Variance Study fee of \$500.00 is non-refundable.

Signed by: _____
Owner or Authorized Representative

Name (printed): _____

Date: _____

FOR DEPARTMENT USE ONLY	
Date Received:	DATE STAMP
Received By:	PRINT NAME
Variance Request Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Variance Study Fee Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No Receipt No.:

City of Lakeport Municipal Sewer District



VARIANCE STUDY REPORT FORM

FACILITY INFORMATION				
Name of facility:				
Address:				
Owner name:				
Mailing address:				
	Street	City	State/Zip	
Phone:				
Manager name:				
Facility phone:				
Commission date:				
Study number:				
Expected completion date:				
Type of food served:				
	Fast food	Coffee	Bakery	Other
Hours of operation:				
Number of seats:				
Estimated number of meals served weekly:				
Number of sinks/drains:				
Variance justification:				

COMPLIANCE	
Reviewed by:	
1. Does the User's justification for a variance support the claim of unreasonable hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
2. Are there any physical characteristics of the facility that make compliance with the Ordinance infeasible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
3. Does the facility have a history of sewer back-ups requiring City attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
4. Is there any evidence that the facility discharges fats, oils, and/grease into the sanitary sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
5. Is there any evidence of grease buildup in the facility's sewer lateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
6. Does the area surrounding the facility have a history of sewer back-ups or overflows?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	

<p>7. Is the type of food served at the facility prepared using oil, butter, or other fatty substances?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate</p>
<p>Comment:</p>	
<p>8. Is the type of food served inherently fatty, oily, or greasy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate</p>
<p>Comment:</p>	
<p>Compliance additional comments:</p>	
<p>Recommendation: Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Defer <input type="checkbox"/></p>	
<p>Signature of reviewer:</p>	<p>Date:</p>

BUILDING	
Reviewed by:	
9. Does the User's justification for a variance suggest or identify building or structural issues that would support the granting of a variance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
10. If applicable to Building, is the User's justification for a variance reasonable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
11. If reasonable, does the User's justification for a variance warrant consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
12. Does the facility have a physical limitation which makes compliance with the Ordinance infeasible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
13. Are there any structural issues with the facility that makes compliance with the Ordinance infeasible or impractical?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate

Comment:

BUILDING (cont.)

Additional Comments

Recommendation: Approve Disapprove Defer

Signature of
reviewer:

Date:

ENVIRONMENTAL HEALTH	
Reviewed by:	
14. Does the facility have a history of health violations or other infractions, which would suggest the need for stringent oversight?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
15. Has the facility ever been ordered closed or put on notice for a health violation by Environmental Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
16. Is the facility current on all permits and licenses required by Environmental Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
17. Is the facility currently under investigation by Environmental Health for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate
Comment:	
18. Does Environmental Health have any objections or concerns to granting a variance for the facility to be exempt from measures to reduce the discharge of fats, oils, and grease into the sanitary sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate

Comment:

Environmental Health (cont.)

Additional Comments:

Recommendation: Approve Disapprove Defer

Signature of
reviewer:

Date:

OTHER (PLEASE SPECIFY):

Reviewed by:

Comments:

Recommendation: Approve Disapprove Defer

Signature of
reviewer:

Date:

DIRECTOR REVIEW	
Reviewed by:	
Date received:	
Comments:	
Decision: Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Defer <input type="checkbox"/>	
Director signature:	Date:

City of Lakeport Municipal Sewer District



PETITION FOR RECONSIDERATION OF DETERMINATION OR ENFORCEMENT ACTION

PLEASE COMPLETE CONTACT AND FACILITY INFORMATION IN THEIR ENTIRETY. IF YOU DO NOT RECEIVE A RESPONSE TO THIS PETITION WITHIN 15 DAYS, PLEASE CONSIDER THE PETITION DENIED.

Contact Information	
Name: _____	Phone: _____
Street: _____	Mobile Phone: _____
City: _____	Fax Number: _____
State: _____	
Zip: _____	

Facility/Property Information	
Name of Restaurant/Food Service Establishment: _____	
Address: _____	Owner: _____
	Manager: _____
Phone: _____	
Fax: _____	

Variance Study Information	Study Number:

Justification for Reconsideration:

Facility Name: _____

[Empty space for notes or additional information]

FOR DEPARTMENT USE ONLY

Received By: _____

Date Received: _____

DATE STAMP

DEPARTMENT APPROVAL

Approved

Denied

Signature _____

Date: _____ Title: _____

Reason for approval/denial:

[Empty space for reason for approval/denial]