

**APPLICATION FOR BUILDING CONNECTION PERMIT
SCARBOROUGH SANITARY DISTRICT
Tel: 207-883-4663; FAX: 207-883-7083**

Property

Address: _____

Tax Map/Lot No: _____

Owner

Owner's Name: _____

Owner Address: _____

Owner's Phone No: _____

Contractor

Name: _____

Phone No: _____

Use of property where connection is requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Single Family Residential | <input type="checkbox"/> Attached Accessory Unit | <input type="checkbox"/> Detached Accessory Unit |
| <input type="checkbox"/> Multi-Family Residential | <input type="checkbox"/> Number of Dwelling Units _____ | |
| <input type="checkbox"/> Commercial, Type: _____ | Gross Floor Area (Sq. Ft) _____ | |
| <input type="checkbox"/> Industrial, Type: _____ | Gross Floor Area (Sq. Ft) _____ | |

Connection

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement/Repair | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Gravity Sewer | <input type="checkbox"/> Pressure Sewer System | <input type="checkbox"/> Other |

Wastewater Characteristics: (Commercial/Industrial applications only)

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Domestic Sewage: | Average Daily Flow (gpd): _____ |
| <input type="checkbox"/> Process Waste: | Average Daily Flow (gpd): _____ |
| <input type="checkbox"/> Industrial Waste: | Average Daily Flow (gpd): _____ |

Sewer service by means of a "Pressure Sewer System" (PSS) include systems that utilize individual pumping system owned, operated and maintained by the owner. Owners and occupants of premises serviced by PSS shall expressly release and indemnify the Scarborough Sanitary District from and against any and all liabilities associated with the use, operation and/or malfunction of the PSS.

By (owner): _____

_____ Date

By (printed): _____

***NOTE: We will begin billing for all permits upon final sewer inspection**

FOR OFFICE USE ONLY

Permit Fee: _____

Permit Number: _____

Capacity Reserve: _____

Received By: _____

Approval: _____

Date: _____