

**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): \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Permit Fee: _____	Permit Number: _____
Capacity Reserve: _____	Received By: _____
Approval: _____	Date: _____