

APPLICATION FOR SEWER EXTENSION PERMIT

SCARBOROUGH SANITARY DISTRICT

415 BLACK POINT ROAD  
SCARBOROUGH, ME 04074  
TEL: 883-4663

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EXTENSION LOCATION: \_\_\_\_\_

PLAN TITLE AND DATE: \_\_\_\_\_

NAME OF ENGINEER: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

OWNER'S AGENT: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

JOB SUPERINTENDENT: \_\_\_\_\_

LINEAR FEET OF GRAVITY SEWER: \_\_\_\_\_ DIAMETER: \_\_\_\_\_

LINEAR FEET OF FORCE MAIN: \_\_\_\_\_ DIAMETER: \_\_\_\_\_

NUMBER OF MANHOLES: \_\_\_\_\_ NO. OF BUILDING SERVICE CONNECTIONS: \_\_\_\_\_

ALL MATERIAL AND WORKMANSHIP WILL BE IN STRICT COMPLIANCE WITH REGULATIONS OF THE SCARBOROUGH SANITARY DISTRICT RELATIVE TO SUCH WORK AND SHALL BE INSPECTED AND APPROVED BY THE DISTRICT BEFORE ACCEPTANCE. EXCEPT AS APPROVED BY THE DISTRICT, WORK SHALL CONFORM TO PLANS APPROVED BY THE TRUSTEES. FINAL "AS BUILT PLANS" ARE REQUIRED.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

DATE OF TRUSTEES APPROVAL: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

REVEIVED BY: \_\_\_\_\_

FEE: \_\_\_\_\_ CAPACITY RESERVE FEE: \_\_\_\_\_

DATE: \_\_\_\_\_