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TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
PO Box 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
PHONE (603) 474-8012 • FAX (603) 474-8014

SEWER DEPARTMENT
TOWN OF SEABROOK

APPLICATION FOR SEWER SERVICE

DATE: 11/13/19

APPLICANT / BUSINESS NAME Robert P. Labrecque - DANDRED BROS

SERVICE ADDRESS 110 STARD RD

MAP 4-20 LOT SEQ. ZONING DISTRICT IS LOT IN CURRENT USE? Y/N

MAILING ADDRESS 106 DARVILLE ST CITY LYNN STATE MA ZIP 01905

PHONE 781-531-7719 CELL 781-844-3937 EMAIL rplabrecq@dashbro.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) COCA-COLA PHONE 603-926-1404

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION RESIDENTIAL SINGLE-FAMILY RESIDENTIAL MULTIFAMILY

CONDO MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL

OTHER (PLEASE DESCRIBE): PRIVATE SEWER SERVICE REPAIR

BUILDING SIZE (IN SQUARE FEET) 42,700

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB-COMBO	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	POOL (SIZE)	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	BIDET	<input type="checkbox"/>				

PROPERTY OWNER SIGNATURE David Labrecque DATE: 11/15/19

APPLICANT / CORPORATION OFFICER SIGNATURE David Labrecque DATE: 11/15/19

CORPORATION NAME: Coca-Cola Beverages Northeast

OFFICERS NAME & TITLE (print) David Labrecque (Facilities Project Manager)

I, David Labrecque agree that I will not hold the Seabrook Sewer Department responsible for any damages to my property, which may be incurred during, or as a result of the sewer service installation.

David Labrecque
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$ 100 CASH / CHECK # 3351 DATE RECEIVED 11/18/19 BY [Signature]



House Service Connection Ties

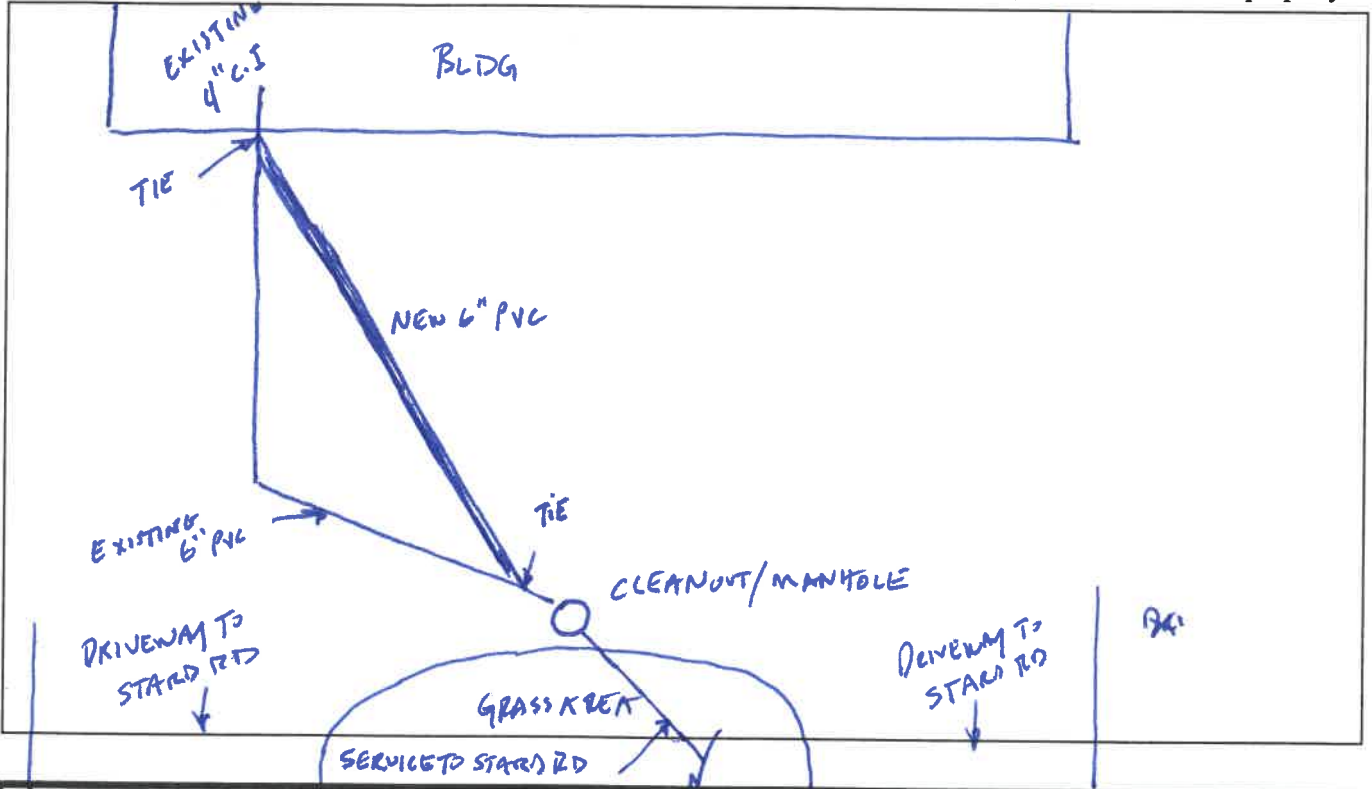
Address: 118 Star 1 Rd

Map: _____

Lot: _____

Seq: _____

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition please show the approximate distances from any water lines on the property:



Connection to Building

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the rules and ordinances of the Town of Seabrook and the State of New Hampshire. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

--OFFICE USE ONLY--

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)

[Signature] _____
Sewer Superintendent

11/20/15
Date

AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY _____