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NOV 20 2019

SEWER DEPARTMENT  
TOWN OF SEABROOK



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

APPLICATION FOR SEWER SERVICE

DATE: 11/20/19

APPLICANT / BUSINESS NAME Diana Souther

SERVICE ADDRESS 24 Centennial st.

MAP LOT 13-24-1 SEQ. ZONING DISTRICT IS LOT IN CURRENT USE?  Y  N

MAILING ADDRESS 26 Centennial st. CITY Seabrook STATE N.H. ZIP 03874

PHONE 603-474-3751 CELL EMAIL

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) PHONE

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION \_\_\_\_\_ RESIDENTIAL SINGLE-FAMILY \_\_\_\_\_ RESIDENTIAL MULTI-FAMILY \_\_\_\_\_

CONDO \_\_\_\_\_ MOBILE/MANUFACTURED HOME  COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

OTHER (PLEASE DESCRIBE): \_\_\_\_\_

BUILDING SIZE (IN SQUARE FEET) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIXTURE COUNT

| BATHROOM   | KITCHEN  | LAUNDRY   | Misc                                 |
|--|--|---|--------------------------------------|
| SHOWER/TUB COMBO <input checked="" type="checkbox"/>             | SINKS <input checked="" type="checkbox"/>      | WASHING MACHINE <input checked="" type="checkbox"/> | HOSEBIBS <input type="checkbox"/>    |
| BATHTUB <input type="checkbox"/>                                 | DISHWASHER <input checked="" type="checkbox"/> | SINKS <input type="checkbox"/>                      | BAR SINKS <input type="checkbox"/>   |
| SHOWER <input type="checkbox"/>                                  | OTHER <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 Diana M. Souther DATE: 11/20/19

APPLICANT / CORPORATION OFFICER SIGNATURE DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, Diana M. Souther 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.

Diana M. Souther  
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 537 DATE RECEIVED 11/20/19 BY ju

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**House Service Connection Ties**

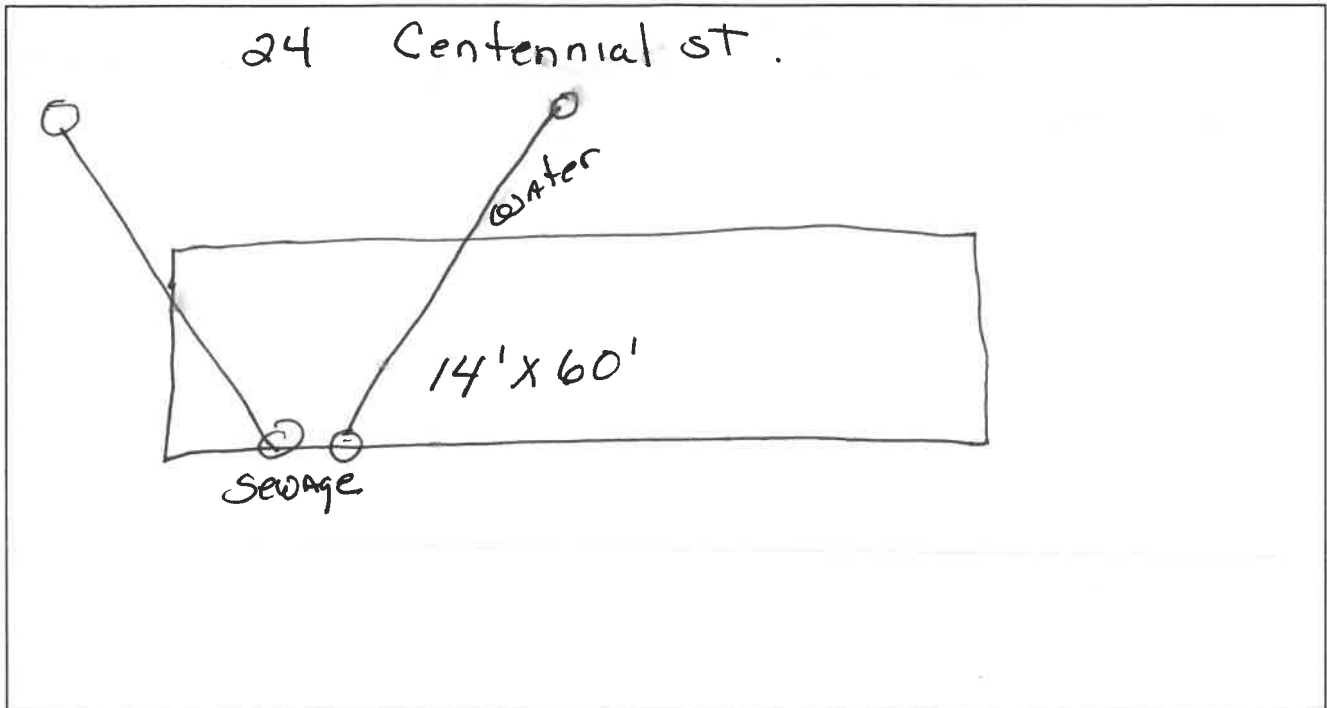
Address: 24 Centennial St. Seabrook, N.H. 03874

Map: 7A 1930

Lot: 13247

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

11/20/19  
Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_