

**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

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SEWER DEPARTMENT
TOWN OF SEABROOK

APPLICATION FOR SEWER SERVICE

DATE: 11/05/19

APPLICANT / BUSINESS NAME Rye Knot Holdings LLC
 SERVICE ADDRESS 19 A Batchelder Rd
 MAP 5 LOT 13 SEQ. 1 ZONING DISTRICT 3 IS LOT IN CURRENT USE? Y/N
 MAILING ADDRESS 89 Hedge Rd. #3 CITY Seabrook STATE NH ZIP 03874
 PHONE 603-601-7330 CELL _____ EMAIL Chris@cmrafusa.com
 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):

Self Storage Facility with small offices and
1 Bathroom.

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input checked="" type="checkbox"/>	SINKS	<input checked="" 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 _____ DATE: 11/05/19
 APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, Christopher Request 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.

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$ 800 CASH / CHECK # 19 DATE RECEIVED 11/05/19 BY ML

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SEWER TOWN
 House Service Connection Ties

Address:

Map:

5

Lot:

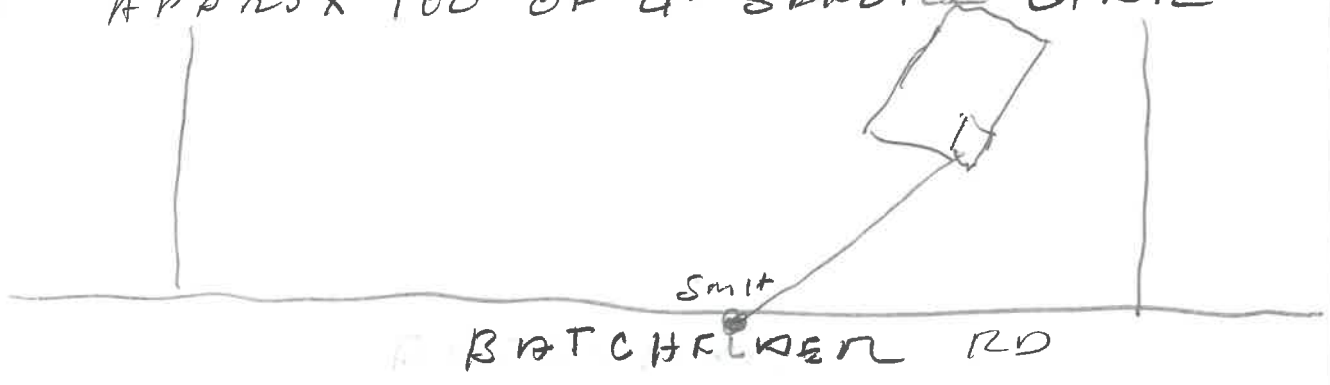
13

Seq:

1

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:

SEWER SERVICE FOR 1 - STORAGE BUILDING
 BATHROOM IN OFFICE
 FRONT OF 1ST BUILDING ON RIGHT
 PLAN SHOWS 4" SERVICE TO BUILDING
 WITH INSIDE DROP AT EXISTING MANHOLE
 APPROX 100' OF 4" SERVICE LINE



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

11/5/19
 Date

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