

**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

RECEIVED
FEB 04 2020
Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 2-4-2020

APPLICANT / BUSINESS NAME Salem Manufactures Homes LLC
 SERVICE ADDRESS 23 Cross Beach Rd
 MAP 25 LOT 23 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y
 MAILING ADDRESS PO Box 54 CITY Salem STATE NH ZIP 03079
 PHONE 603 898 2144 CELL _____ EMAIL adam @ salemnh.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Justin Tessier PHONE 978-388-3918

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) 1,456

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

disconnect and reconnect manufactures home to existing sewer service

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	MISC
SHOWER/TUB COMBO <input type="text" value="1"/>	SINKS <input type="text" value="2"/>	WASHING MACHINE <input type="text" value="1"/>	HOSEBIBS <input type="text" value="1"/>
BATHTUB <input type="text" value="0"/>	DISHWASHER <input type="text" value="2"/>	SINKS <input type="text" value="1"/>	BAR SINKS <input type="text" value="0"/>
SHOWER <input type="text" value="1"/>	OTHER <input type="text" value="6"/>	OTHER <input type="text" value="0"/>	POOL (SIZE) <input type="text" value="0"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) <input type="text" value="0"/>	BIDET <input type="text" value="0"/>		

PROPERTY OWNER SIGNATURE Justin Tessier DATE: _____
 APPLICANT / CORPORATION OFFICER SIGNATURE Adam Gidley DATE: _____
 CORPORATION NAME: Salem Manufactures Homes LLC
 OFFICERS NAME & TITLE (print) Adam Gidley Asst. Manager

I, Justin Tessier 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.

Justin Tessier
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 29620 DATE RECEIVED 2/4/2020 BY JM



House Service Connection Ties

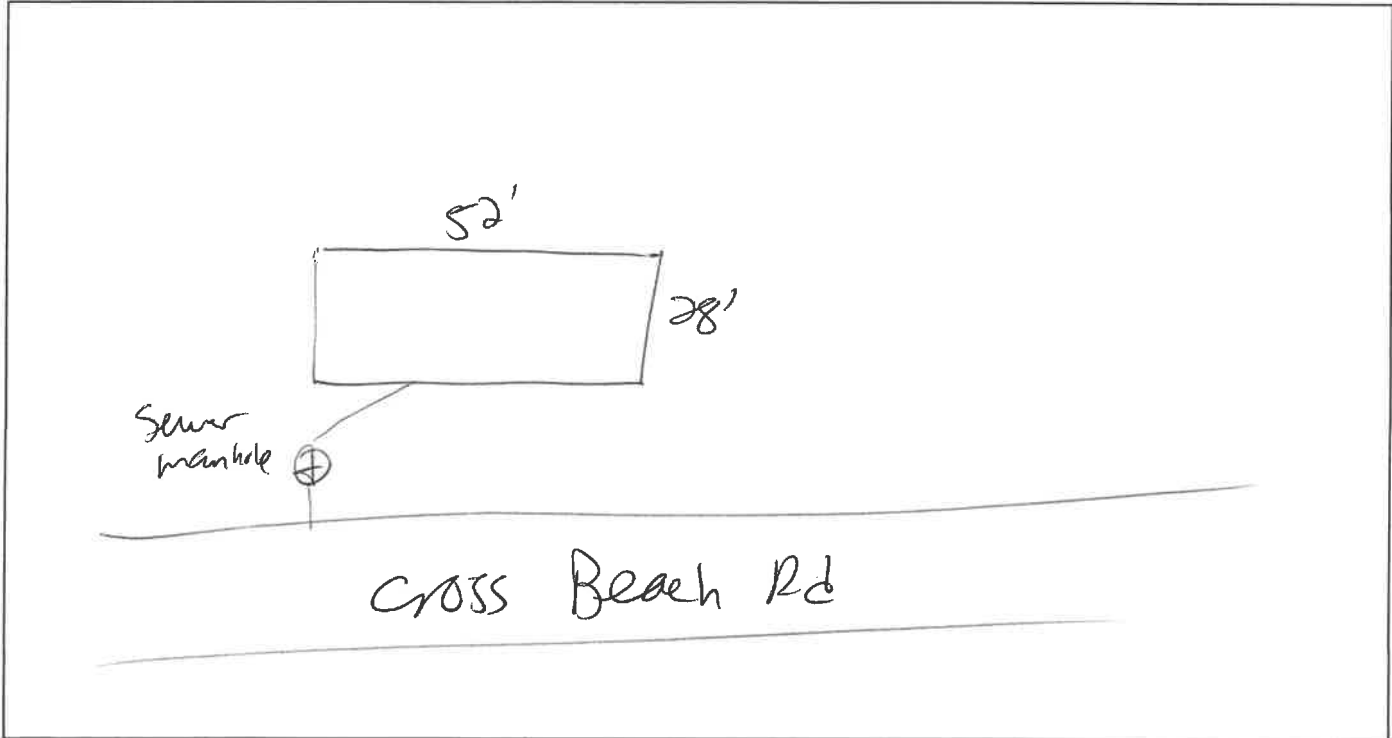
Address: 23 Cross Beach Rd

Map: 25

Lot: 23

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 Date

2/5/2020
Date

AMOUNT PAID \$50 CASH / CHECK # 29620 DATE RECEIVED 2/4/2020 BY [Signature]