

**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 20 2020
Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 2/18/2020

APPLICANT / BUSINESS NAME 29 PICKENS REVOCABLE TRUST

SERVICE ADDRESS 29 PICKENS AVE

MAP 10 LOT 56 SEQ. 3 ZONING DISTRICT 6-R IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 71 MIDLAND CITY BREWSTER STATE NH ZIP 03833

PHONE 603 770 7893 CELL same EMAIL KJR.123@hotmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Kenworth Roy PHONE 603 770 7893

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) APPROX 1450

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

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/> 1	WASHING MACHINE	<input type="checkbox"/> 3	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/> 0	TOILETS	<input type="checkbox"/> 1	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/> 1	URINALS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/>	BIDET	<input type="checkbox"/>			POOL (SIZE)	<input type="checkbox"/>

PROPERTY OWNER SIGNATURE [Signature] DATE: 2/18/2020

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: _____

CORPORATION NAME: 29 PICKENS REVOCABLE TRUST

OFFICERS NAME & TITLE (print) POWER OF ATTORNEY

I, Kenworth Roy 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.

[Signature]
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$100 CASH / CHECK # 104 DATE RECEIVED 2/18/2020 BY [Signature]

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House Service Connection Ties

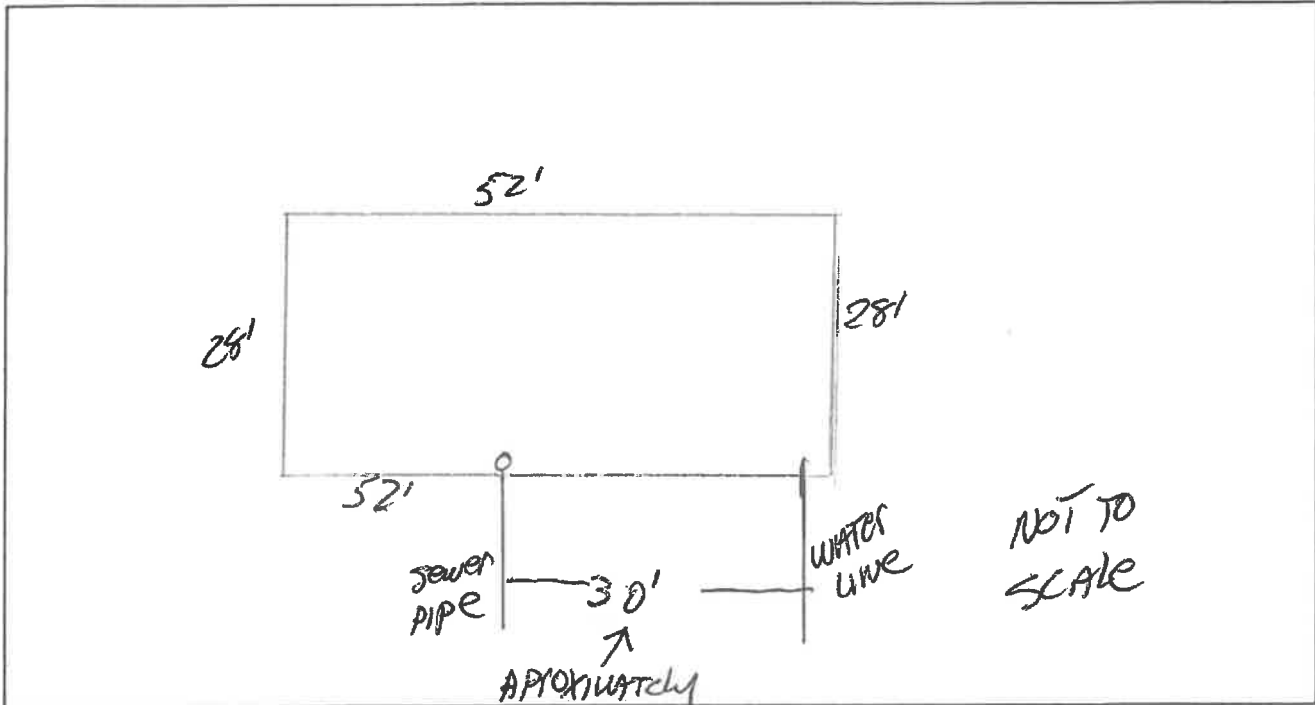
Address: 29 PICKENS

Map: 10

Lot: 56

Seq: 3

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

2/23/2020
Date

AMOUNT PAID \$100 CASH / CHECK # 104 DATE RECEIVED 2/20/20 BY [Signature]

LIMITED POWER OF ATTORNEY

Know all persons by these presents, that I, P. J. STILES, THE TRUSTEE OF THE TWENTY-NINE PICKENS AVENUE REVOCABLE TRUST OF 2019, of Rochester, New Hampshire do hereby make, constitute, and appoint KENNETH J. ROY of Brentwood, New Hampshire as my true and lawful attorney-in-fact, and do authorize said attorney-in-fact, for me and in my name, place, and stead:

To sell, encumber, convey, rent, lease, pledge, or otherwise dispose of by deed with or without warranty, bill of sale, contract or otherwise, the property located in Rockingham County, State of New Hampshire located at 29 Pickens Avenue, Seabrook, NH 03874, for cash or upon such terms as the attorney-in-fact may deem advisable, and to execute appropriate deeds, conveyances or other instruments including contracts for that purpose with the same force and effect as though I were personally present and acting for myself.

To deal with contractors, suppliers, and materialmen with regard to improvements to the property, to deal with real estate brokers with regard to lease or sale of the property and to deal with municipal officials regarding land use and utilities.

This power of attorney shall not be affected by disability of the undersigned principal or lapse of time. This Limited Power of Attorney may be terminated either by me or by said attorney-in-fact by giving written notice of such termination to the other. An executed duplicate of this Limited Power of Attorney, or a photostatic copy thereof, delivered by me or by said attorney-in-fact to any third party will be conclusive against me and said attorney-in-fact as to such third party that this Limited Power of Attorney has not been terminated and will continue in effect until such third party is advised by written notice from me or from said attorney-in-fact of such termination. This Limited Power of Attorney shall be governed by the laws of the State of New Hampshire.


IN WITNESS WHEREOF, I have hereunto set my hand this 6th day of December 2019.

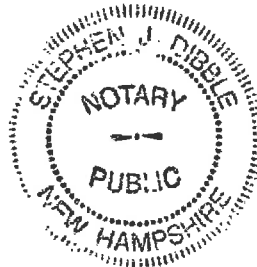

P. J. STILES, TRUSTEE OF THE TWENTY-NINE
PICKENS AVENUE REVOCABLE TRUST

STATE OF NEW HAMPSHIRE

COUNTY OF STRAFFORD

On this the 6th day of December 2019 personally appeared P. J. Stiles as Trustee of the Twenty-Nine Pickens Avenue Revocable Trust and acknowledged that he signed the above on behalf of the said trust. Before me,


Notary Public
my commission expires 9/5/2023



6-24-97

WORK LIST

- 38" 6" Apa
- 1 6" TT
- 1 Band
- 1. 6" Adhesive
- " 4"
- 2 4" Bond
- 1 4" Edge
- 50' Roll
- clean out

Task not Crushed/Pumped
~~not~~ under
 under
 Porch

Hooked up to sewer 7-24-07

10-56-3

27 FIBER

