

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 07 2020
Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 02/07/2020

APPLICANT / BUSINESS NAME William Lago
SERVICE ADDRESS 87 True rd. Right
MAP 2 LOT 48 SEQ. 0 ZONING DISTRICT Rural 1 IS LOT IN CURRENT USE? Y/N
MAILING ADDRESS 87 True rd. CITY Seabrook STATE NH ZIP 03874
PHONE 603-502-3885 CELL 603-502-3885 EMAIL Wlago23@hotmail.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): Duplex
BUILDING SIZE (IN SQUARE FEET) 2,240 (Both sides of duplex)

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

one side of the duplex with an attached garage.

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"/>	SINKS <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 William Lago DATE: 02/07/2020
APPLICANT / CORPORATION OFFICER SIGNATURE William Lago DATE: 02/07/2020
CORPORATION NAME: _____
OFFICERS NAME & TITLE (print) _____

I, William Lago 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.

William Lago
Property Owner or Agent with Power of Attorney (Signature)

50
AMOUNT PAID \$1,800 CASH / CHECK # 111 DATE RECEIVED 2/7/2020 BY JM

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



House Service Connection Ties

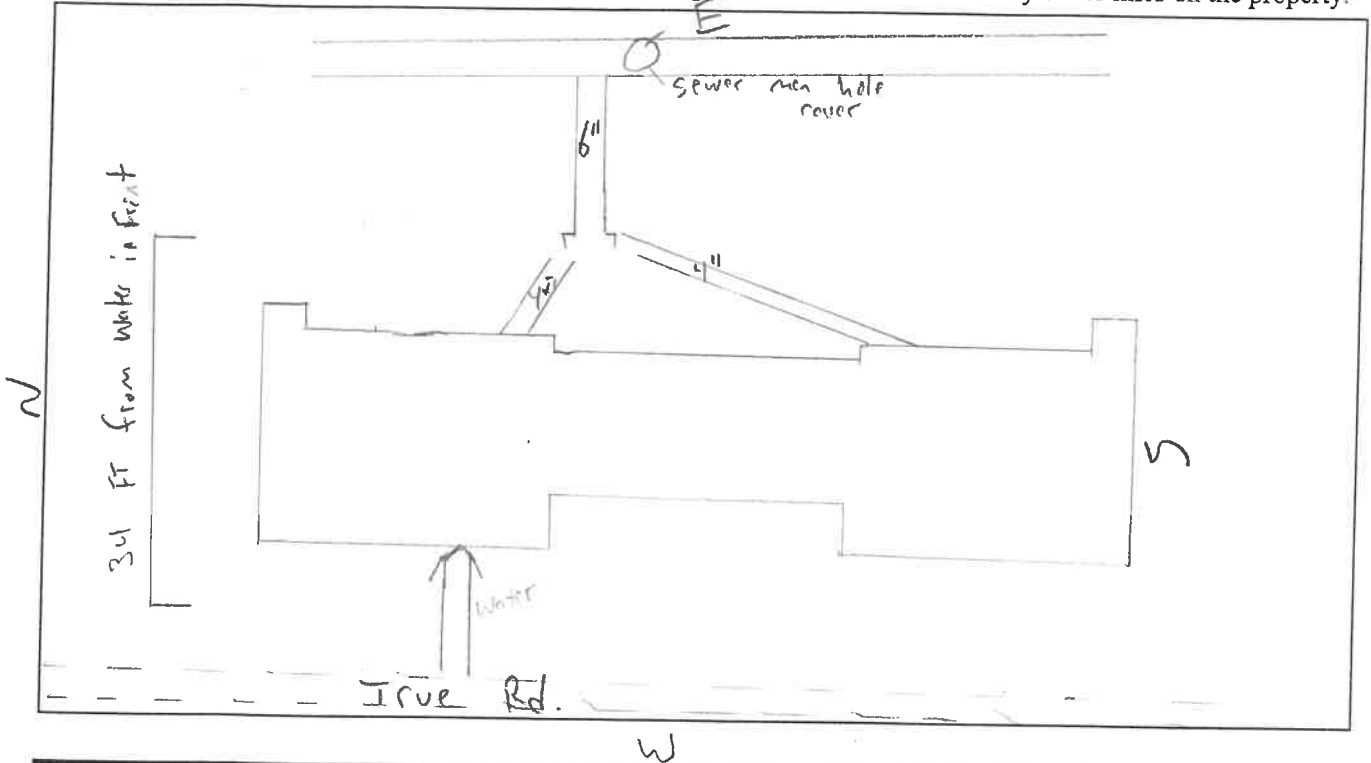
Address: 87 True Rd.

Map: 2

Lot: 48

Seq: 0

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] _____ 2/7/2020
Sewer Superintendent Date

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

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 07 2020



Town of Seabrook
 SEWER DEPARTMENT

DATE: 02/07/2020

APPLICATION FOR SEWER SERVICE

APPLICANT / BUSINESS NAME William Lago
 SERVICE ADDRESS 87 True rd. Left
 MAP 2 LOT 48 SEQ. 0 ZONING DISTRICT Rural 1 IS LOT IN CURRENT USE? Y/N
 MAILING ADDRESS 87 True rd. CITY Seabrook STATE NH ZIP 03874
 PHONE 603-502-3885 CELL 603-502-3885 EMAIL Wlago23@hotmail.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): Duplex

BUILDING SIZE (IN SQUARE FEET) 2,240 (Both sides of duplex)

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

one side of the duplex with an attached garage.

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"/>	SINKS	<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 William Lago DATE: 02/07/2020
 APPLICANT / CORPORATION OFFICER SIGNATURE William Lago DATE: 02/07/2020
 CORPORATION NAME: _____
 OFFICERS NAME & TITLE (print) _____

I, William Lago 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.

William Lago
 Property Owner or Agent with Power of Attorney (Signature).

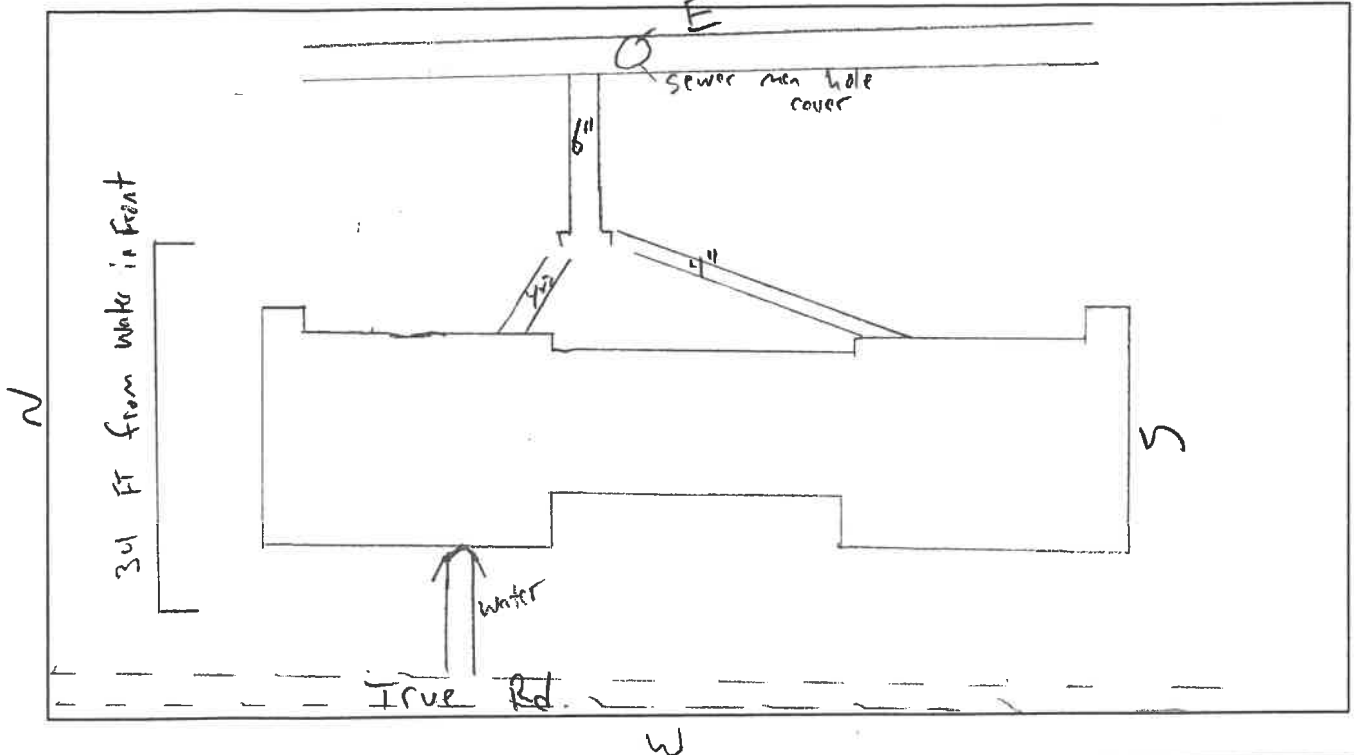
AMOUNT PAID \$1800 CASH / CHECK # 111 DATE RECEIVED 2/7/2020 BY [Signature]



House Service Connection Ties

Address: 87 True Rd.
 Map: 2 Lot: 48 Seq: 0

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) _____

 Sewer Superintendent

2/7/2020
 Date

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