

**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**  
**MAR 02 2020**  
Town of Seabrook  
**SEWER DEPARTMENT**



**APPLICATION FOR SEWER SERVICE**

DATE: 2-20-2020

APPLICANT / BUSINESS NAME William McClellan OLD STAGE RD. LLC.  
 SERVICE ADDRESS 215 + ~~219~~ South Main St.  
 MAP 16 LOT 12 SEQ. 10 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y/N \_\_\_\_\_  
 MAILING ADDRESS 52 Whiskey Way CITY Portsmouth STATE NH ZIP 03801  
 PHONE 603-231-5427 CELL \_\_\_\_\_ EMAIL Billy.McClellan@MAC.com  
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) SAME 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) 2000 sq'

**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"/> 3	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/> 2
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/> 3	DISHWASHER	<input type="checkbox"/> 1	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 [Signature] DATE: 2-20-2020  
 APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 CORPORATION NAME: \_\_\_\_\_  
 OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, William McClellan 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 800 CASH / CHECK # 1581 DATE RECEIVED 3/2/20 BY [Signature]

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**House Service Connection Ties**

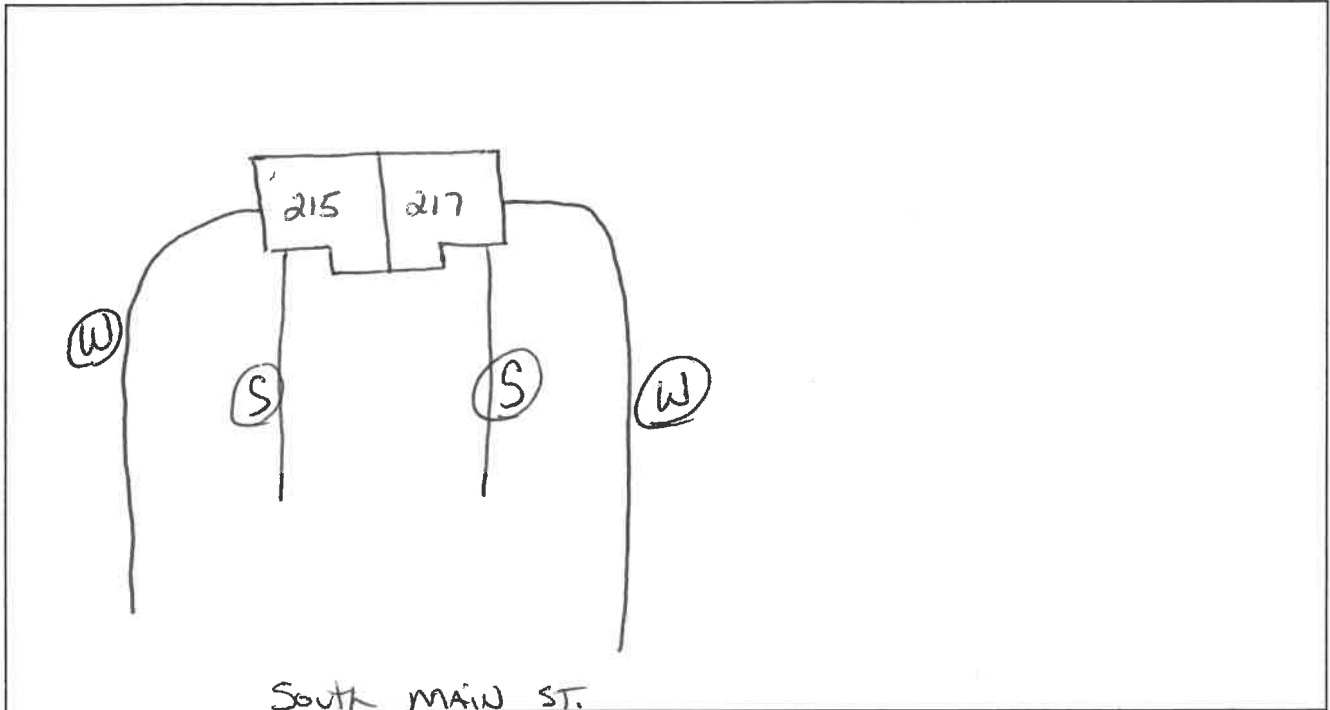
Address: 215 + 217 South MAIN ST.

Map: 16

Lot: 12

Seq: 10

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*      3/2/2020      Date

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