

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

DATE: 2-20-2020

APPLICATION FOR SEWER SERVICE

APPLICANT / BUSINESS NAME William McClellan OLD STAGE RD. LLC.

SERVICE ADDRESS 215 + 217 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"/> 1	HOSEBIBS	<input type="checkbox"/> 2
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/> 3	SINKS	<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

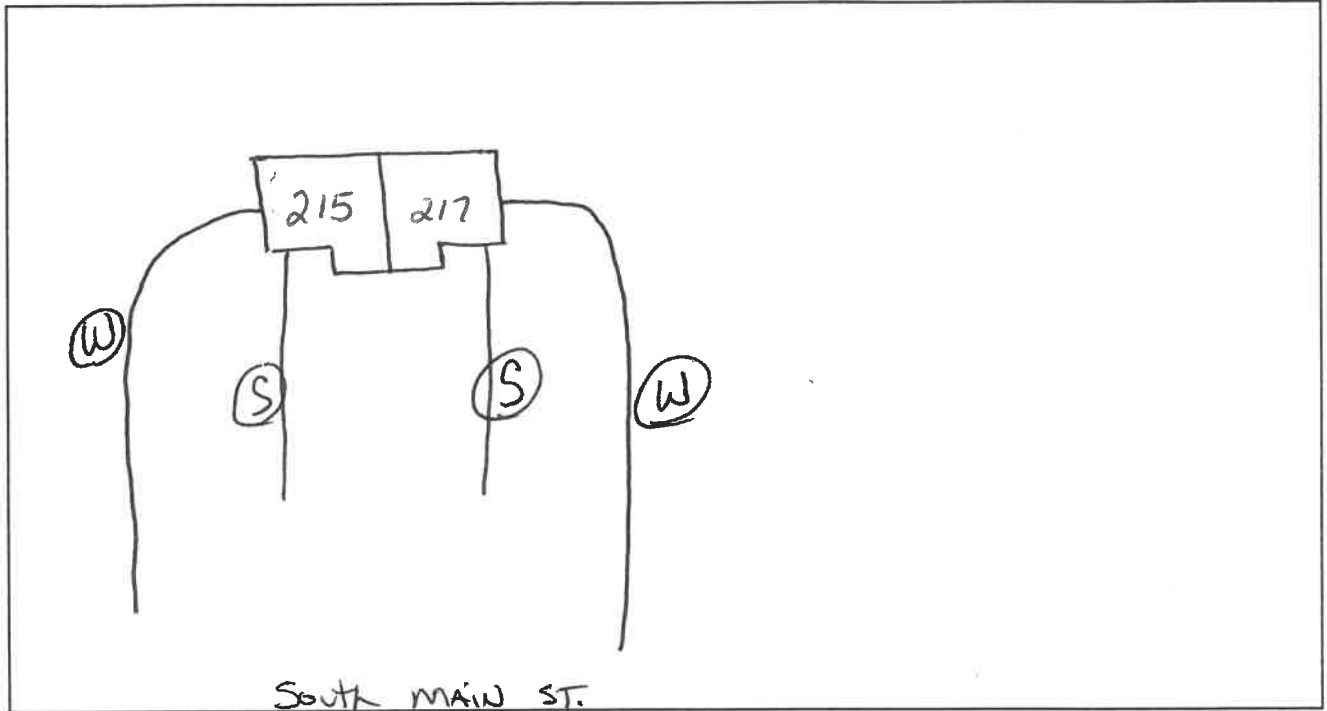
Address: 215 + 217 South Main St.

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 _____