

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 25 2020
 Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 2/25/2020

APPLICANT / BUSINESS NAME Salem Manufactured Homes LLC
 SERVICE ADDRESS 24 Zealand Park
 MAP 5 LOT 5 SEQ. 112 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y
 MAILING ADDRESS 72 S Broadway CITY Salem STATE NH ZIP 03079
 PHONE 603 898 2144 CELL _____ EMAIL _____
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Zealand Mobile Home Village Inc 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): _____

BUILDING SIZE (IN SQUARE FEET) 924

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

re-connect new manufactured home to existing 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="2"/>
BATHTUB <input type="text" value="0"/>	TOILETS <input type="text" value="2"/>	DISHWASHER <input type="text" value="1"/>	BAR SINKS <input type="text" value="0"/>
SHOWER <input type="text" value="1"/>	URINALS <input type="text" value="0"/>	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 [Signature] DATE: 2/24/20
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 2-24-2020
 CORPORATION NAME: Salem Manufactured Homes LLC
 OFFICERS NAME & TITLE (print) Adam Cidley Asst. Manager

I, Steven Baker agree that I will not hold the Seabrook Sewer Department
 Property Owner (print)
 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 \$50 CASH / CHECK # 29883 DATE RECEIVED 2/25/20 BY [Signature]



House Service Connection Ties

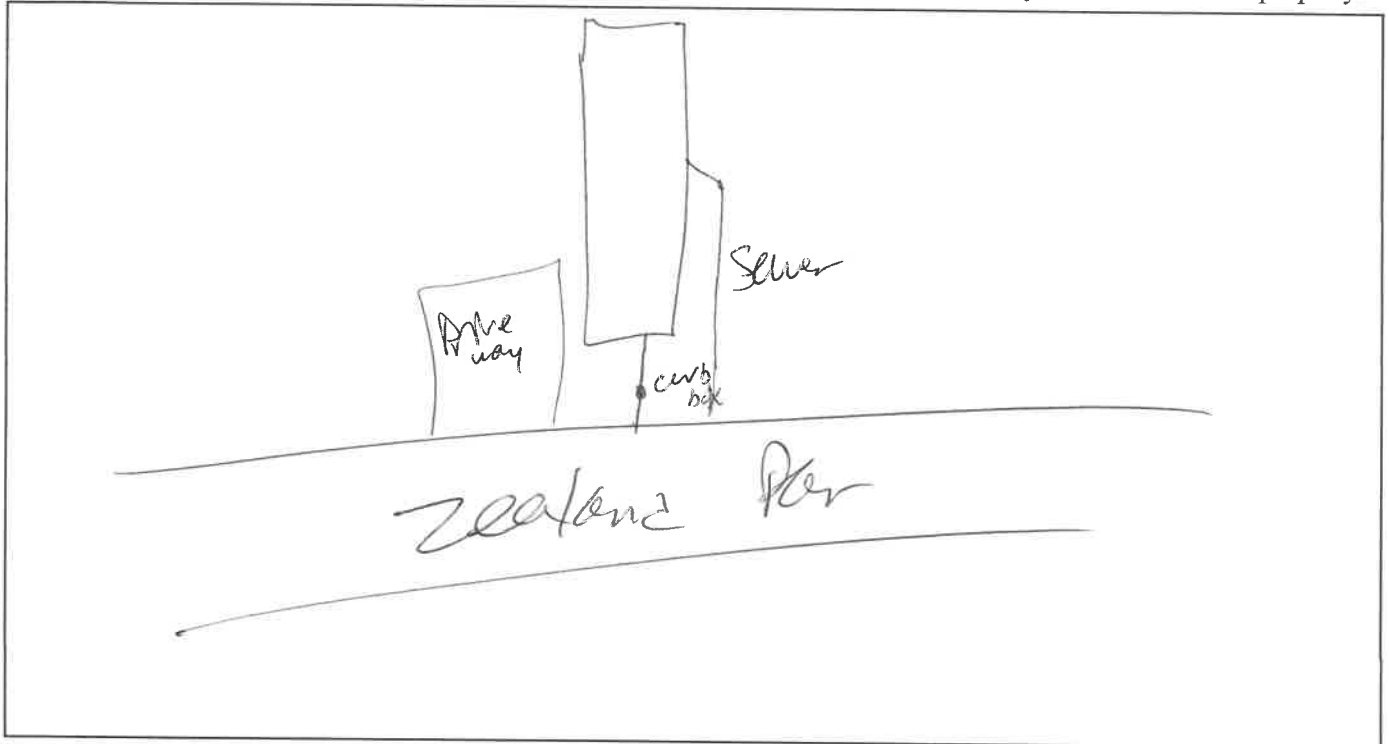
Address: 24 Zealand Park

Map: 5

Lot: 5

Seq: 112

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

2/26/2020

Date

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