

274

**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 10 2020



Town of Seabrook
SEWER DEPARTMENT

DATE: 3/10/2020

APPLICATION FOR SEWER SERVICE

APPLICANT / BUSINESS NAME Charles Lieberman

SERVICE ADDRESS 454 New Zealand Rd

MAP _____ LOT _____ SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? ^{it was} Y/N _____

MAILING ADDRESS 456 New Zealand Rd CITY Seabrook STATE NH ZIP 03874

PHONE _____ CELL 978-914-3879 EMAIL cs658@comcast.net

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): Re

BUILDING SIZE (IN SQUARE FEET) 1880

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

Replacing burned down mobile home with stick built

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	MISC
SHOWER/TUB COMBO <input type="text" value="3"/>	SINKS <input type="text" value="4"/>	WASHING MACHINE <input type="text" value="1"/>	HOSEBIBS <input type="text" value="1"/>
BATHTUB <input type="text"/>	TOILETS <input type="text" value="3"/>	SINKS <input type="text" value="1"/>	BAR SINKS <input type="text"/>
SHOWER <input type="text"/>	URINALS <input type="text"/>	OTHER <input type="text"/>	POOL (SIZE) <input type="text"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER) <input type="text"/>	BIDET <input type="text"/>		

PROPERTY OWNER SIGNATURE [Signature] DATE: 3/10/2020

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, _____ 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 \$50 CASH / CHECK # 1048 DATE RECEIVED 3/10/2020 BY [Signature]

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House Service Connection Ties

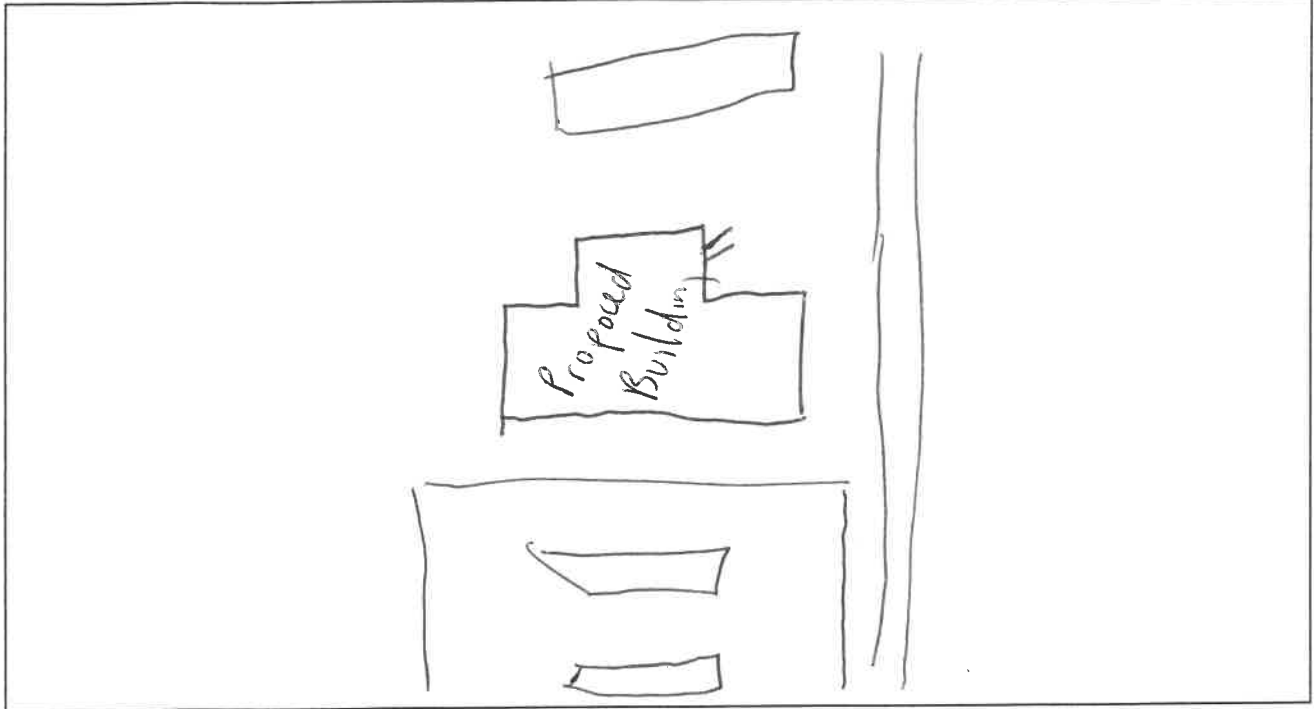
Address: _____

Map: _____

Lot: _____

Seq: _____

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

3/9/2020
Date

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