

\$50

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MAR 31 2020
 Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 3-27-2020

APPLICANT / BUSINESS NAME Salem Manufactured Homes LLC
 SERVICE ADDRESS 182 Orchard St
 MAP 14 LOT 6 SEQ. 57 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y N
 MAILING ADDRESS PO Box 54 CITY Salem STATE NH ZIP 03079
 PHONE (603) 898 2144 CELL _____ EMAIL adam@salemnh.com
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) Seacrest Co-op Inc PHONE 808-454-1599

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) 968

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):
connect home to existing sewer service

BATHROOM		FIXTURE COUNT				LAUNDRY		Misc	
		KITCHEN							
SHOWER/TUB COMBO	<input type="checkbox"/> 1	SINKS	<input type="checkbox"/> 2	SINKS	<input type="checkbox"/> 1	WASHING MACHINE	<input type="checkbox"/> 1	HOSEBIBS	<input type="checkbox"/> 2
BATHTUB	<input type="checkbox"/> 0	TOILETS	<input type="checkbox"/> 2	DISHWASHER	<input type="checkbox"/> 1	SINKS	<input type="checkbox"/> 0	BAR SINKS	<input type="checkbox"/> 0
SHOWER	<input type="checkbox"/> 1	URINALS	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0	OTHER	<input type="checkbox"/> 0	POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="checkbox"/> 0	BIDET	<input type="checkbox"/> 0						

PROPERTY OWNER SIGNATURE [Signature] DATE: 3-27-20
 APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 3/27/2020
 CORPORATION NAME: Salem Manufactured Homes LLC
 OFFICERS NAME & TITLE (print) Adam Gidley Asst-Man.

I, Bill Dink Property Owner (print) 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)

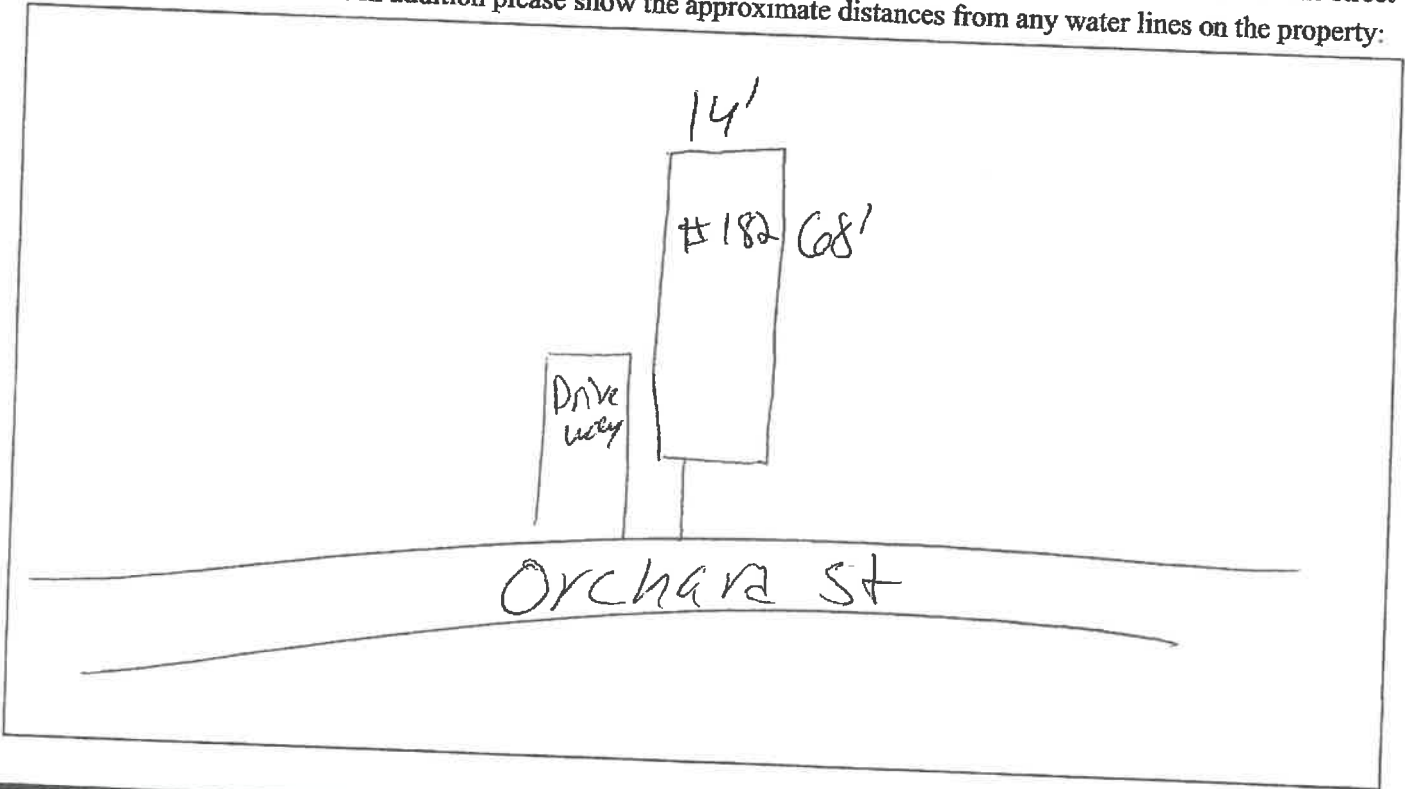
AMOUNT PAID \$50 CASH / CHECK # _____ DATE RECEIVED _____ BY [Signature]



House Service Connection Ties

Address: 182 Orchard St
 Map: 14 Lot: 6 Seq: 57

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

4/1/2020
 Date

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