

**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

APR 10 2020

**Town of Seabrook
SEWER DEPARTMENT**



APPLICATION FOR SEWER SERVICE

DATE: 4-8-2020

APPLICANT / BUSINESS NAME James R. Patten or JHT TRUST

SERVICE ADDRESS 52 UENNE RD

MAP _____ LOT _____ SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS SAME CITY _____ STATE _____ ZIP _____

PHONE _____ CELL 603 765 6083 EMAIL JR2100@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): _____

BUILDING SIZE (IN SQUARE FEET) 1400

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

2 BEDROOM / 2 BATH EXISTING SEWER AT LOCATION

FIXTURE COUNT

BATHROOM	KITCHEN	LAUNDRY	Misc
SHOWER/TUB COMBO <input checked="" type="checkbox"/>	SINKS <input checked="" type="checkbox"/>	WASHING MACHINE <input checked="" type="checkbox"/>	HOSEBIBS <input type="checkbox"/>
BATHTUB <input type="checkbox"/>	TOILETS <input checked="" type="checkbox"/>	DISHWASHER <input checked="" type="checkbox"/>	BAR SINKS <input type="checkbox"/>
SHOWER <input checked="" 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 James R. Patten DATE: 4-8-2020

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: JHT TRUST

OFFICERS NAME & TITLE (print) _____

I, James R. Patten 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.

James R. Patten
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 800 CASH / CHECK # 10230 DATE RECEIVED 4/10/20 BY [Signature]

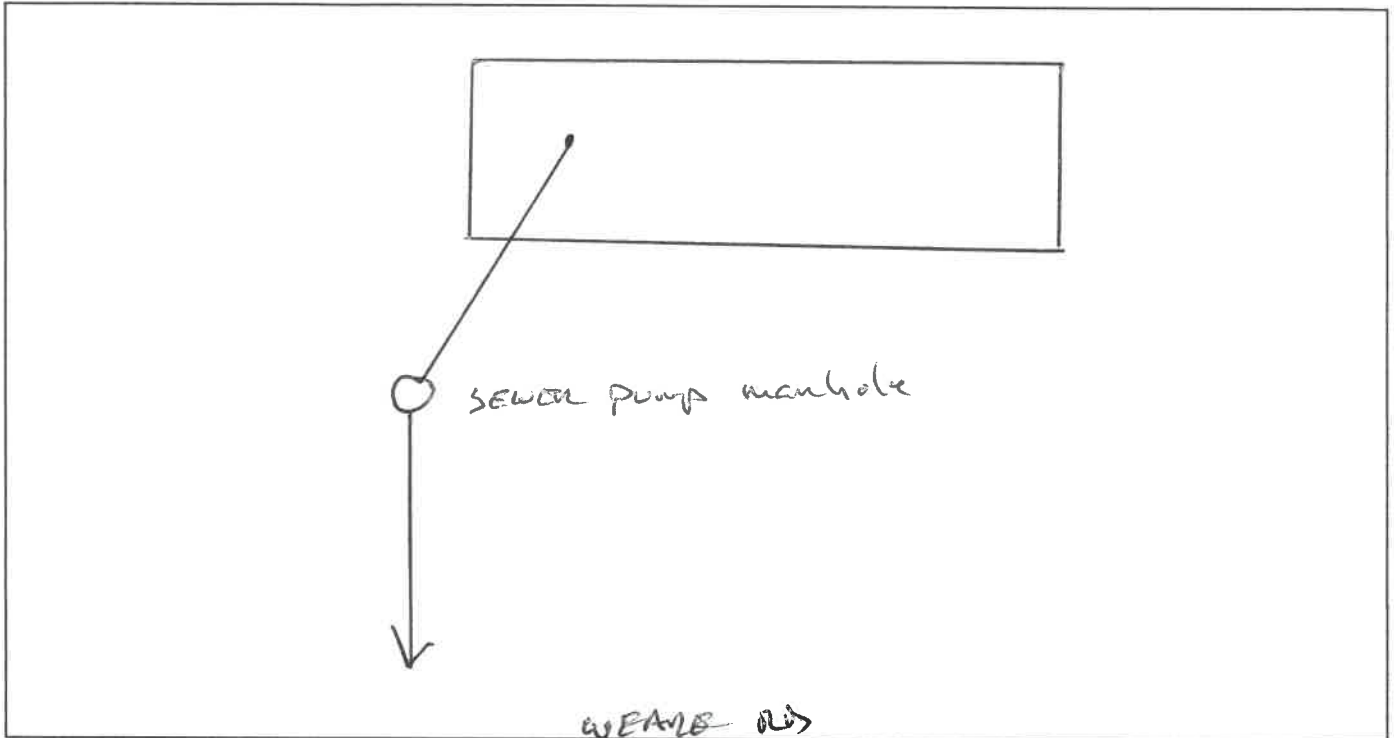


House Service Connection Ties

Address: 52 WEARE RD

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) _____

[Signature] _____ Date 4/10/2020

Sewer Superintendent _____

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