

#16200

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
MAY 22 2020
Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: 5/21/2020

APPLICANT / BUSINESS NAME JALBERT LEASING, INC
SERVICE ADDRESS 13 BATCHELDER Rd

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

MAILING ADDRESS 185 GRAFTON DRIVE CITY PORTSMOUTH STATE NH ZIP 03801

PHONE 603-430-1100 CELL 603-817-4545 EMAIL M4APPOINT@RIDEGS.COM

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) 3975

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

AS PER APPROVED SITE PLAN

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<input type="text" value="4"/>	SINKS	<input type="text" value="1"/>	SINKS	<input type="text" value="1"/>	WASHING MACHINE	<input type="text" value="1"/>
BATHTUB	<input type="text" value="5"/>	TOILETS	<input type="text" value="1"/>	DISHWASHER	<input type="text" value="2"/>	SINKS	<input type="text" value="1"/>
SHOWER	<input type="text" value="1"/>	URINALS	<input type="text" value="1"/>	OTHER	<input type="text" value="1"/>	OTHER	<input type="text" value="1"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value="1"/>	BIDET	<input type="text" value="1"/>			POOL (SIZE)	<input type="text" value="1"/>

PROPERTY OWNER SIGNATURE _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE [Signature] DATE: 5/21/2020

CORPORATION NAME: JALBERT LEASING, INC DBA C+J LINGS

OFFICERS NAME & TITLE (print) JAMES JALBERT PRES

I, JAMES JALBERT 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 \$16200 CASH / CHECK # 96310 DATE RECEIVED 5/21/20 BY [Signature]

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



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:

SEE ATTACHED

PLAN - APPROVED BY PLANNING BOARD

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

5/22/2020
 Date

AMOUNT PAID *10200*

CASH / CHECK # *910310*

DATE RECEIVED *5/22/20*

BY *[Signature]*

PROPOSED IRRIGATION SYSTEM

PROPOSED BUS LOADING CANOPY

INV. = 60.52

PROPOSED BUS TERMINAL
E.F. = 63.10
R.P. = 4,000 S.F.

PROPOSED CURB STOP

PROPOSED 6" WATER LINE

PROPOSED 2" DOMESTIC WATER LINE
PROPOSED 21 LF 4" SEWER LINE
S = 0.020

PROPOSED SEPTIC TANK WITH PUMP CHAMBER

25' W WATER EASEMENT
(IN FAVOR OF LOT 2)

Sewer

PROPOSED CLEANOUT LOW POINT

PROPOSED UNDERGROUND ELECTRIC

PROPOSED UTILITY POLE/TRANSFORMER

MIT OF
SEMENT
TOWN
RCRD
1400



