

**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
JUL 14 2020
Town of Seabrook
SEWER DEPARTMENT



APPLICATION FOR SEWER SERVICE

DATE: July 14, 2020

APPLICANT / BUSINESS NAME Paul Legeve

SERVICE ADDRESS 241 Folly Mill Rd.

MAP 6 LOT 41 SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y/N _____

MAILING ADDRESS P.O. Box 668 CITY Hampton Falls STATE N.H. ZIP 03844

PHONE 906-1400 CELL _____ EMAIL _____

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) 1800

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

Install 6" sewer line to existing building
coming off Batchelder Rd. through easement

FIXTURE COUNT

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

PROPERTY OWNER SIGNATURE _____ DATE: _____

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Paul Legeve 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.

Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$800 CASH / CHECK # 196 DATE RECEIVED 7/14/20 BY Paul Legeve

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House Service Connection Ties

Address: _____

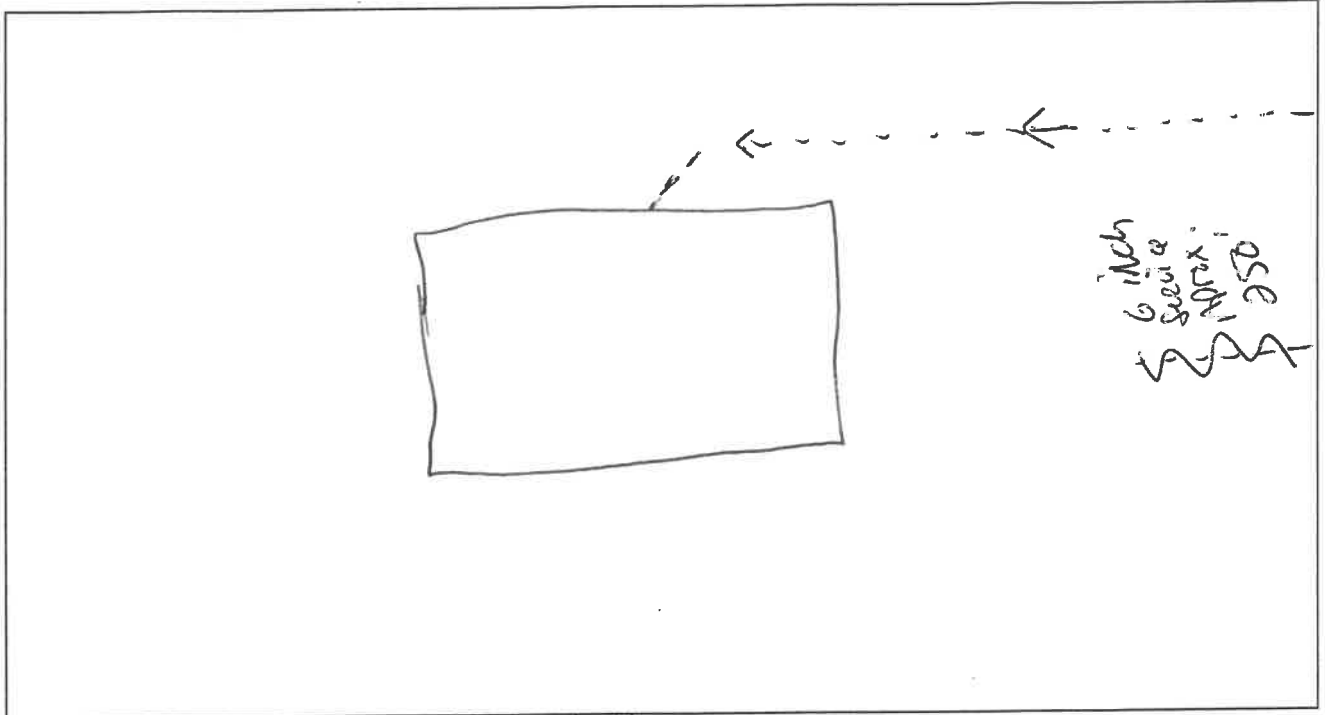
Folly Mill Rd.

Map: _____

6 Lot: *41*

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:



Folly Mill Rd.

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

7/16/2020
Date

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