

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 13 2020



Town of Seabrook
SEWER DEPARTMENT

APPLICATION FOR SEWER SERVICE

DATE: 7-13-20

APPLICANT / BUSINESS NAME Spedvik LLC

SERVICE ADDRESS 7 Adder Ln

MAP 3 LOT 4 SEQ. 7 ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 48 Blacksnake Rd CITY Seabrook STATE NH ZIP 03874

PHONE _____ CELL 603 545-2002 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 X COMMERCIAL _____ INDUSTRIAL _____

OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) 1568

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

Replacing structure with new home using existing sewer line

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc			
1 SHOWER/TUB COMBO	<input type="checkbox"/> 3	SINKS	<input type="checkbox"/> 1	SINKS	<input type="checkbox"/> 1	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/> 2	TOILETS	<input type="checkbox"/> 1	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
1 SHOWER	<input type="checkbox"/>	URINALS	<input type="checkbox"/>	OTHER	<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 Spedvik LLC [Signature] DATE: 7-13-20

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (PRINT) Steven Lago Member

I, Steven Lago 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 # 4444 DATE RECEIVED 7/13/20 BY (INITIALS) [Signature]

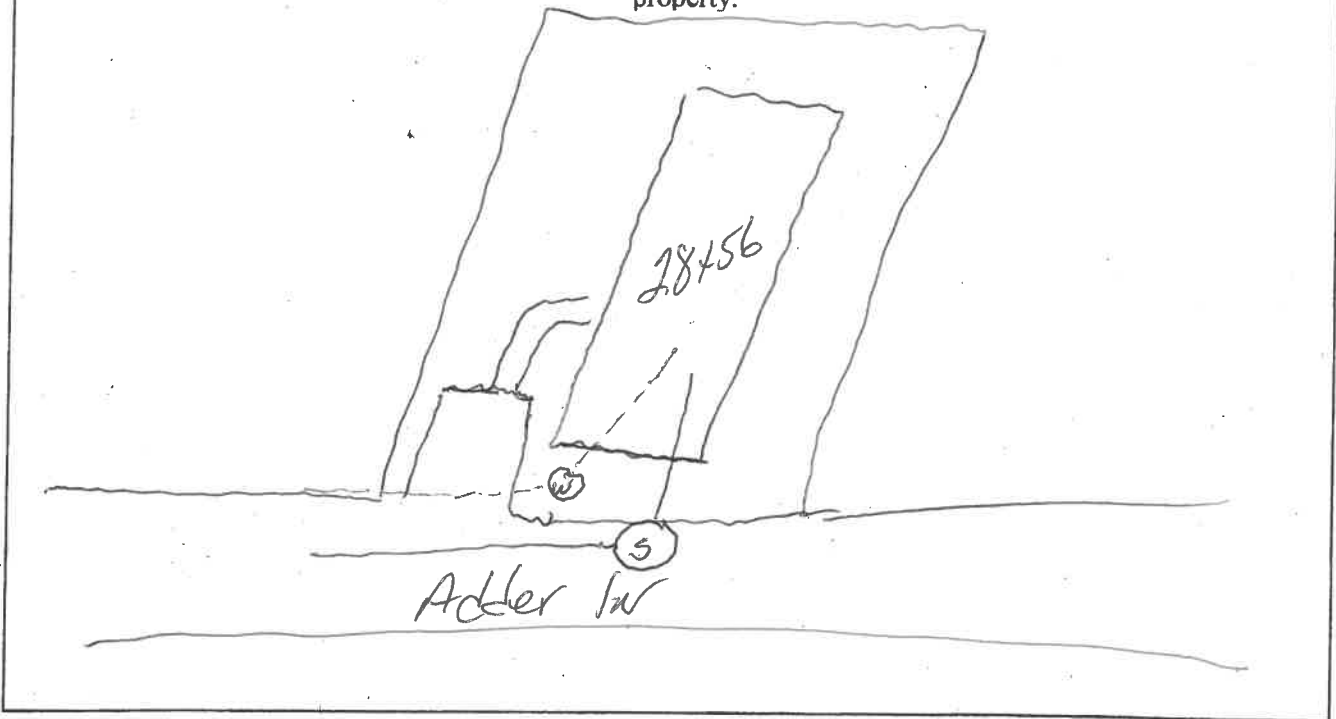


House Service Connection Ties

Address: 7 Adder Ln

Map: 3 Lot: 4 Seq: 7

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] _____ 7/15/2020
Sewer Superintendent Date

AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY (INITIALS) _____