

**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



800 APPLICATION FOR SEWER SERVICE

DATE: 7/30/20

APPLICANT / BUSINESS NAME Follansbee Raymond & Edith  
 SERVICE ADDRESS 22B Dwight Ave.  
 MAP 8 LOT 87 SEQ. 2 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y/N \_\_\_\_\_  
 MAILING ADDRESS 34 Maple Ridge Rd CITY Seabrook STATE NH ZIP 03874  
 PHONE (603) 944-5603 ← 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) 1008

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

BATHROOM		FIXTURE COUNT			LAUNDRY		MISC		
		KITCHEN							
SHOWER/TUB COMBO	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
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 X Raymond Follansbee DATE: 7-30-20  
 APPLICANT / CORPORATION OFFICER SIGNATURE X Raymond Follansbee DATE: 7-30-20  
 CORPORATION NAME: \_\_\_\_\_  
 OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Raymond Follansbee 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.  
X Raymond Follansbee  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 800.00 CASH / CHECK # 9999 DATE RECEIVED 7-31-20 BY S.G.

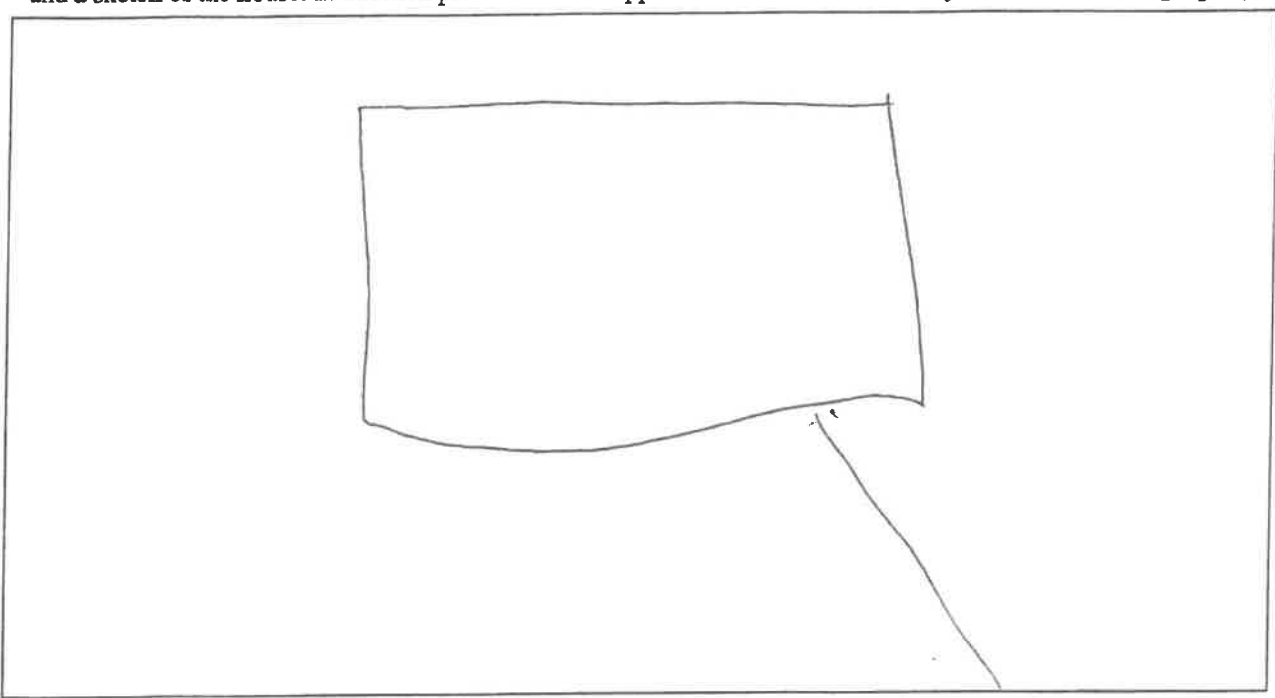
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**House Service Connection Ties**

Address: 22B Dwight Ave  
 Map: 8 Lot: 87 Seq: 2

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]* 7/31/2020  
 Sewer Superintendent Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_