

**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



**APPLICATION FOR SEWER SERVICE**

DATE: 8/11/20

APPLICANT / BUSINESS NAME Bruce Brown

SERVICE ADDRESS 49 Bruce Rd.

MAP 15 LOT 102 SEQ. 49 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y (N)

MAILING ADDRESS 42 Washington St CITY Seabrook STATE NH ZIP 03874

PHONE 603-474-2646 CELL 603-944-0540 EMAIL bbrown1433@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) 1474 sq.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		Misc			
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"/>						<input type="checkbox"/>

PROPERTY OWNER SIGNATURE Bruce A. Brown DATE: 8/11/20

APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

OFFICER'S NAME & TITLE (print) \_\_\_\_\_

I, Bruce A. Brown 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.

Bruce A. Brown  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID 50.00 CASH / CHECK # 3083 DATE RECEIVED 8-12-20 BY S.G.

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**House Service Connection Ties**

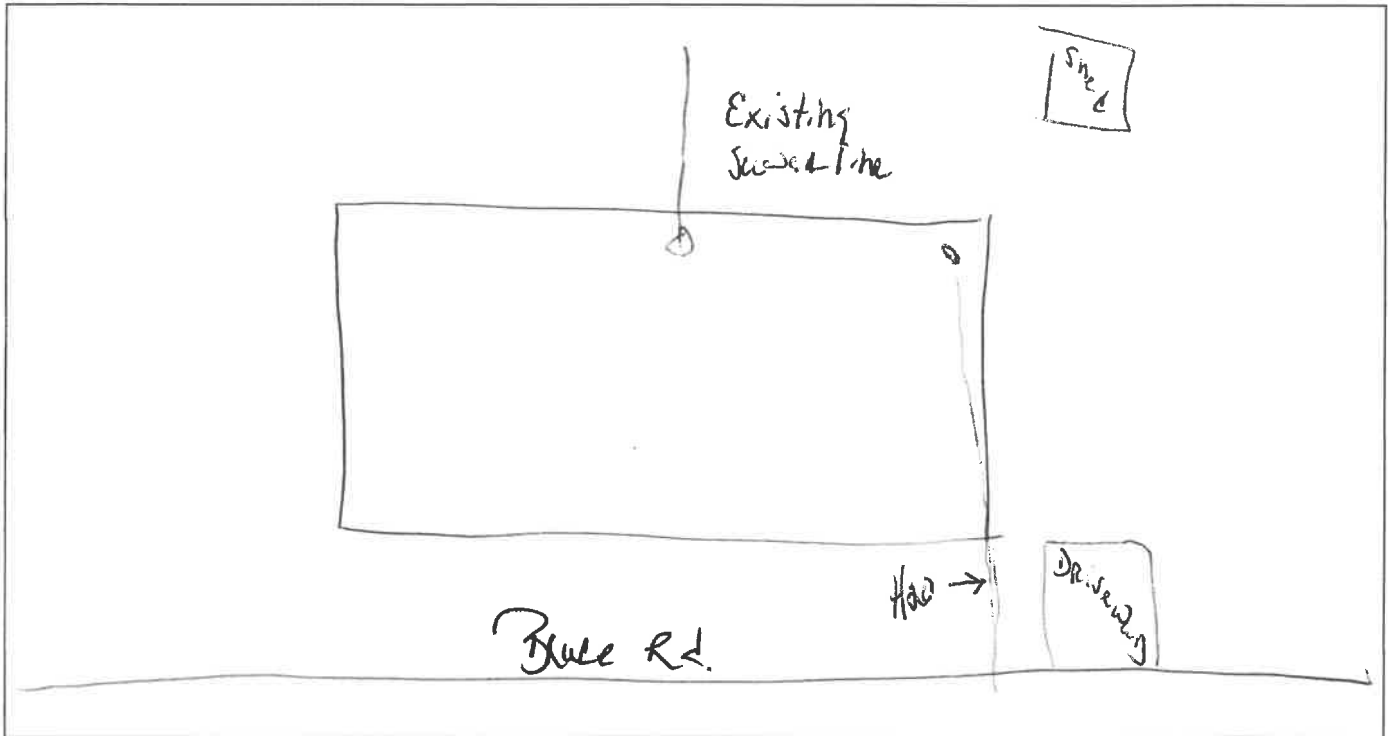
Address: 49 Bruce Rd.

Map: 15

Lot: 102

Seq: 49

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) \_\_\_\_\_

\_\_\_\_\_ (Sewer Superintendent) \_\_\_\_\_ Date 8/14/2020

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