

**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: 9-9-20

APPLICANT / BUSINESS NAME SUSAN Nicoll

SERVICE ADDRESS 127 Farm Lane, Seabrook

MAP 12-42 LOT 12-42 SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y/N \_\_\_\_\_

MAILING ADDRESS 121-C Farm Lane CITY Seabrook STATE NH ZIP 03874

PHONE 603- CELL 603-560-1367 EMAIL Spierick@comrust.net.

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) William & Vivian Priest PHONE 603-474-2058

**TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):**

NEW CONSTRUCTION \_\_\_\_\_ RESIDENTIAL SINGLE-FAMILY \_\_\_\_\_ RESIDENTIAL MULTI-FAMILY \_\_\_\_\_

CONDO \_\_\_\_\_ MOBILE/MANUFACTURED HOME \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_

OTHER (PLEASE DESCRIBE): REPLACE M/H

BUILDING SIZE (IN SQUARE FEET) 924

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

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

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		Misc	
SHOWER/TUB COMBO	<u>2</u>	SINKS	<u>2</u>	WASHING MACHINE	<u>1</u>	HOSEBIBS	<u>1</u>
BATHTUB		TOILETS	<u>2</u>	DISHWASHER	<u>1</u>	BAR SINKS	
SHOWER		URINALS		OTHER		POOL (SIZE)	
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)		BIDET					

PROPERTY OWNER SIGNATURE William Priest Vivian Priest DATE: 9-10-20

APPLICANT / CORPORATION OFFICER SIGNATURE Susan Nicoll DATE: 9/10/2020

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

OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, William + Vivian Priest 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 50.00 CASH / CHECK # 161 DATE RECEIVED 9-14-20 BY S.G.

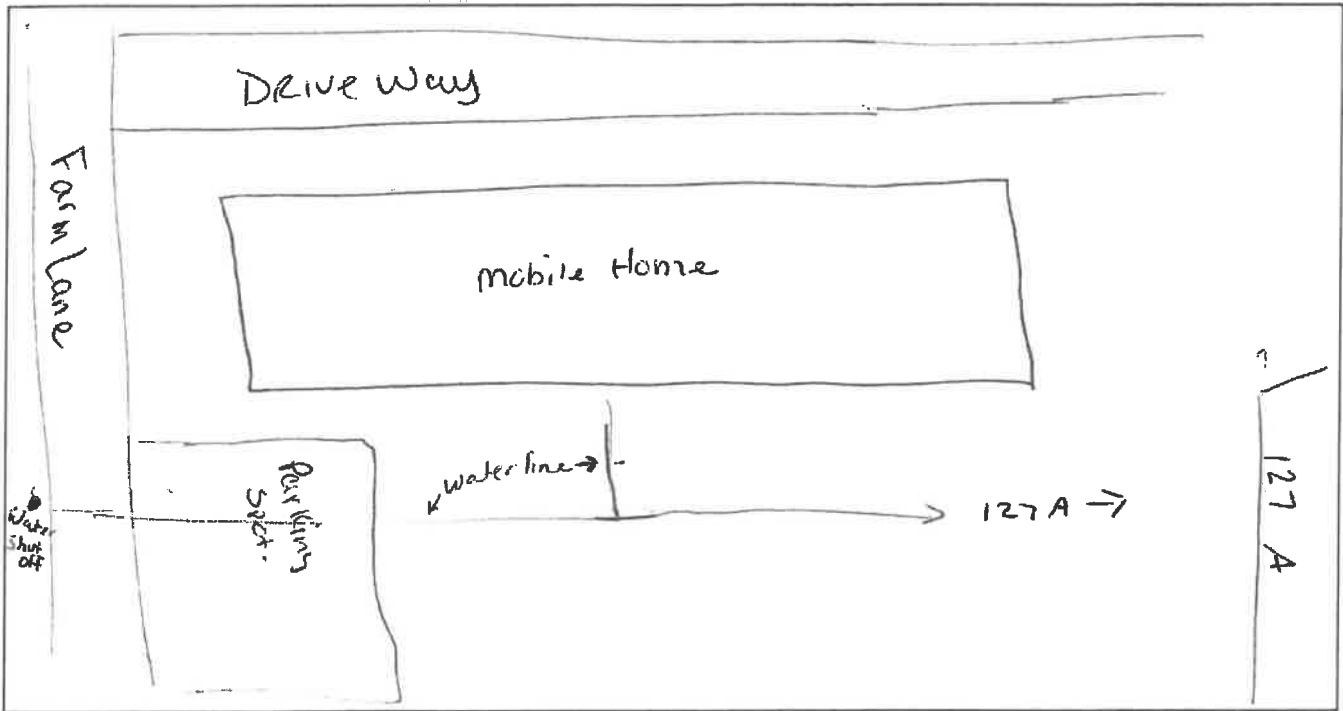
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**House Service Connection Ties**

Address: 127 FARH LN  
 Map: 12-42 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:



**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)

*Cat. Skyles*  
 Sewer Superintendent

9/15/2020  
 0 Date

AMOUNT PAID 50.00 CASH / CHECK # 161 DATE RECEIVED 9-14-20 BY S.G.