

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

50.00 cash 9/28/20



APPLICATION FOR SEWER SERVICE

DATE: 9-23-2020

APPLICANT / BUSINESS NAME THOMAS FLINN
SERVICE ADDRESS 10 DOWS LANE
MAP _____ LOT _____ SEQ. _____ ZONING DISTRICT _____ IS LOT IN CURRENT USE? Y / N _____
MAILING ADDRESS 10 DOWS LANE CITY SEABROOK STATE NH ZIP 03874
PHONE 9783754422 CELL SAME EMAIL TRUCK1022@HATMAN.COM
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) 1330

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"/>	WASHING MACHINE	<input type="checkbox"/>	HOSEBIBS	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	TOILETS	<input type="checkbox"/>	SINKS	<input type="checkbox"/>	BAR SINKS	<input type="checkbox"/>
SHOWER	<input type="checkbox"/>	URINALS	<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 Thomas J. Flinn DATE: 9-23-2020

APPLICANT / CORPORATION OFFICER SIGNATURE _____ DATE: _____

CORPORATION NAME: _____

OFFICERS NAME & TITLE (print) _____

I, Thomas Flinn 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.

Thomas J. Flinn
Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID _____	CASH / CHECK # _____	DATE RECEIVED _____	BY _____
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House Service Connection Ties

Address: 10 DOWS LANE

Map: _____

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:

A hand-drawn sketch within a rectangular border. At the top, the word "STREET" is written. A vertical line descends from this point. About halfway down, there is a small horizontal line segment crossing the vertical line, with the word "OFF" written next to it. Below this, the vertical line continues down to a rectangular shape representing a house. The sketch is simple and appears to be a preliminary drawing.

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

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